

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J33787 (9)

1. Corporation Name
GARRISON STEVEDORING, INC.



Principal Place of Business
101 SOUTH 13TH ST.
TAMPA FL 33602

Mailing Address
PO BX 1842
TAMPA FL 33601
US

3. Date Incorporated or Qualified 09/18/1986 3a. Date of Last Report 01/18/1995

2. Principal Place of Business
21 2379 Guy N. Verger Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FFI Number 59-2744182 Applied For Not Applicable

22 City & State
23 Tampa, FL
Zip 24 33605

27 City & State
28 Zip Country
29 USA 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATE, GEORGE H.
13702 WHITEBARK PLACE
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE George H. Pate
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LITSCHGI, BYRNE	
STREET ADDRESS	100 S ASHLEY DR #1400	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LITTLE, GARDELL	
STREET ADDRESS	2311 W MORRISON	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, RUDOLF	
STREET ADDRESS	4200 BAYSHORE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PATE, GEORGE	
STREET ADDRESS	13702 WHITEBARK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATE, TROY	
STREET ADDRESS	7110 WOODFIELD DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1411 De Soto Ave
2.3 STREET ADDRESS	Tampa, FL. 33606
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George H. Pate George H. Pate 1/20/95 (813) 229-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)