FILE NOW: FILING FEE AFTER MAY 1 IS \$55 ÐΩ **FILED** FLORIDA DEPARTMENT STATE **PROFIT** Jan 23 1997 8:00am CORPORATION Sandra B. Mori ANNUAL REPORT Secretary of Sta Secretary of State DIVISION OF CORPO IONS 1997 DOCUMENT # J33787 (9) GARRISON STEVEDORING, INC. Mailing Address Principal Place of Business PO BX 1842 2379 GUY N VERGER BLVD TAMPA FL 33601-1842 TAMPA FL 33605 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1986 02/08/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2744182 26 Not Applicable 21 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 C Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Yes No 30 Florida Statutes 29 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATE, GEORGE H. 13702 WHITEBARK PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33825** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type for printed name of regulered agencia of their applicable (NOTE: Registeral Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS (96/6) 12. Change Addition DELETE 1 1 TOLE D TITLE 1.2 NAME LITSCHGI, BYRNE NAME 1.3 SREET ADDRESS 100 S ASHLEY DR #1400 STREET ADDRESS TAMPA FL 1.4 OTY - ST - ZIP CITY - ST - ZIP DELFTE VP Change Addition 2.1 TILE THE LITTLE, GARDELL 2.2 ME NAME 1411 DE SOTO AVE 2.3 STREET ADORESS STREET ADDRESS TAMPA FL 2.4 (TY - ST - ZIP CITY - ST - ZIF **Change** DELETE 3.1 TLE Addition TITLE SCHMIDT, RUDOLF 3.2 MAF NAME 4200 BAYSHORE DRIVE 3.3 SIEET ADDRESS STREET ADDRESS PALM HARBOR FL 3.4, dfy - ST - ZIP CITY - ST - ZIP DELETE 4171 Change Addition ST TIFLE 4 2 IME PATE, GEORGE NAME 13702 WHITEBARK PLACE 4.3 ØREET ADDRESS STREET ADORESS TAMPA FL 4.4 0Y - ST - ZIP CITY- ST-7IP DELETE 51 M.E Change Addition TiT1 F PATE, TROY NAME 7110 WOODFIELD DRIVE 5.8 DEET ADDRESS STREET ADDRESS TAMPA FL 5.4 DTY - ST - ZIP City - St - ZiP DELETE Addition 61 TLF Change TITLE 6.2MME NAME AJ SWEET ADDRESS STREET ADDRESS MI DIY - ST - ZIP CITY - ST - 7:P 14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and curate 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 receive 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.