## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

GARRISON STEVEDORING, INC.

**FILED** Jan 27 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			II BIBIL DIBLA BIBIL BIBIL BIBIL BUBIL IBBI	
2379 GUY N VERGER BLVD		PO BX 1842				
TAMPA FL 33605		TAMPA FL 33601				
US		US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 09/18/1986		
2. Principal P	lace of Business	2a, Mailing Address		4, FEI Number	Applied For	
21		26		59-2744182	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 75	
22		27		Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Country	8. This corporation owes or has pa	<b>-</b>	
24	9. Name and Address of Curren	1 Begintered Agent	30	Personal Property Tax due June  10. Name and Address of New Re		
DAY	· <del></del>	t negistered Agent	81 Name	10. Name and Address of New He	gistered Agent	
	TE, GEORGE H.					
13702 WHITEBARK PLACE TAMPA FL 33625			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
IAI	WFM FL 33025		83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es. the above-named con	poration submits this statement for the p	surpose of changing its registered	
office or re	egistered agent, or both, in the State m tamiliar with, and accept the obligations.	of Florida. Such change was :	authorized by the corpora	tion's board of directors. I hereby accep	ot the appointment as registered	
•	m temini with, and accept the obliga	mona or, accitori oci iloaca, i il	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	E: Registered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	litschgi, by <b>r</b> ne		1.2 NAME			
STREET ADDRESS	100 S ASHLEY DR #1400		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY+ST-ZIP			
TALE	VP	[] DELET€	2.1 THTLE		Change Addition	
NAME	LITTLE, GARDELL		2 2 NAME			
STREET ADDRESS	1411 DE SOTO AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 DITY-ST-ZIP			
TITLE	F SOURHOT DUBOUT	☐ DELETE	3.1 TITLE	* .	· Change L Addition	
NAME	SCHMIDT, RUDOLF		3.2 NAME			
STREET ADDRESS	4200 BAYSHORE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL	DELETE	3.4. CITY-ST-ZIP		T Observed to the second secon	
TITLE	ST DATE OFORGE	☐ DELETE	4.1 TITLE		L Change L Addition	
NAME	PATE, GEORGE		4. 2 NAME			
STREET ADDRESS	13702 WHITEBARK PLACE		4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL D	☐ DELETE	4.4 CITY - ST - ZIP		Channa Addition	
TITLE	PATE, TROY		5.1 TITLE		Change Addition	
NAME OTDEET ADDDECC	7110 WOODFIELD DRIVE		5.2 NAME			
STREET ADDRESS	TAMPA FL		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	INWEST L	DELETE	5.4 CITY-S1 - ZIP 6.1 TITLE		Change Addition	
NAME		f"] netrig			□ change □ Audition	
			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP		į	

14. Thereby certify that the information supplied with this filing does not qualify for the 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 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.

George II. Pate