

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K51459** (1)

1. Corporation Name

MARINE INLAND TRANSPORTATION COMPANY



Principal Place of Business

**1201 OAKFIELD DRIVE
STE. 104
BRANDON FL 33511**

Mailing Address

**1201 OAKFIELD DRIVE
STE. 104
BRANDON FL 33511**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**KIMBRELL, JAMES S
305 SHORELINE DR.
TAMPA FL 33605**

3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 07/06/1995
4. FEI Number 59-3104236	Applied For Not Applicable
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	
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 607.0902 and 607.1501, 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 607.0905, Florida Statutes.

SIGNATURE

Signature type (If printed, check signature type: ☐ Signature ☐ Signature by proxy)

Printed Name (If printed, check signature type: ☐ Signature ☐ Signature by proxy)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PSD	14. TITLE	
NAME	YOUNG, WILLIAM H	15. NAME	
STREET ADDRESS	502 LISA LANE	16. STREET ADDRESS	
CITY-STATE-ZIP	BRANDON FL 33511	17. CITY-STATE-ZIP	
TITLE		18. TITLE	
NAME		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY-STATE-ZIP		21. CITY-STATE-ZIP	
TITLE		22. TITLE	
NAME		23. NAME	
STREET ADDRESS		24. STREET ADDRESS	
CITY-STATE-ZIP		25. CITY-STATE-ZIP	
TITLE		26. TITLE	
NAME		27. NAME	
STREET ADDRESS		28. STREET ADDRESS	
CITY-STATE-ZIP		29. CITY-STATE-ZIP	
TITLE		30. TITLE	
NAME		31. NAME	
STREET ADDRESS		32. STREET ADDRESS	
CITY-STATE-ZIP		33. CITY-STATE-ZIP	
TITLE		34. TITLE	
NAME		35. NAME	
STREET ADDRESS		36. STREET ADDRESS	
CITY-STATE-ZIP		37. CITY-STATE-ZIP	
TITLE		38. TITLE	
NAME		39. NAME	
STREET ADDRESS		40. STREET ADDRESS	
CITY-STATE-ZIP		41. CITY-STATE-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 registered trustee or person 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:

William H Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

813-654-7977

DATE

PHONE NUMBER

CR2E034 (12/95)