

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006597

1. Entity Name
INTERNATIONAL BARGE AND EQUIPMENT COMPANY,
LLC



Principal Place of Business
265 EAST RIVER ROAD
EAST PALATKA, FL 32131

Mailing Address
385 RIVERBEND ROAD
SHELBYVILLE, TN 37160



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2549896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD K
501 WEST BAY STREET
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MVP
NAME GSTOHL, KENNETH E
STREET ADDRESS 265 EAST RIVER ROAD
CITY-ST-ZIP EAST PALATKA, FL 32131

TITLE MST
NAME STALTSMAN, JOHN B JR.
STREET ADDRESS 6221 BROWNLEE DRIVE
CITY-ST-ZIP NASHVILLE, TN 37205

TITLE MP
NAME THORNTON, G.E.
STREET ADDRESS 115 MIDDLETON CIRCLE
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE MCFO
NAME NEWTON, ROBERT R
STREET ADDRESS 385 RIVERBEND ROAD
CITY-ST-ZIP SHELBYVILLE, TN 37160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000829541
05/21/08-80073-015 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-08

931-684-5055