

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

05 MAY - 1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06594** (0)

1. Corporation Name

BALGRES DISTRIBUTING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O OWEN S. FREED
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI FL 33130**

Mailing Address: **C/O OWEN S. FREED
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI FL 33130**

2. Filing Date of Declaration		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/02/1989		02/16/1994	
State Apt # etc		State Apt # etc		4. FEI Number		Applied Fee	
22		27		65-0133999		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
74		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**FREED, OWEN S.
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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

FL

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, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS ON 12	
DS	FREED, OWEN S. 150 W FLAGLER ST., #2200 MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	LAMALETTO, CAMILO 150 W FLAGLER ST MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	LAMALETTO, GAETANO 150 W FLAGLER ST MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the information stated in this form. I am the Secretary of State, Florida Statutes Chapter 607, and that the information included on this annual report of supplemental annual report of this corporation 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 and that I am duly qualified and empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, on this S-C-R. I have not been convicted of an offense involving fraud or dishonesty.

SIGNATURE: *Owen S. Freed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 805 789 3456

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FLORIDA DEPARTMENT OF STATE
Nancy B. Whitman
Secretary of State
1905 BANKERS BUILDING, PALM BEACH, FLORIDA 33480

DOCUMENT # **L07353** (0)

MOTOR VESSEL LADY EVELYN, INC.

SEP 11 1995 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: P. O. BOX 309, HIGHLAND VIEW, PORT ST JOE FL 32456
Mailing Address: P. O. BOX 309, HIGHLAND VIEW, PORT ST JOE FL 32456

3. Date of Incorporation or Qualification: **08/01/1989**
3a. Date of Last Report: **03/31/1994**

2. Filing of Annual Report	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3060251	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAFFIELD, WILLIAM HAROLD CANAL STREET HIGHLAND VIEW PORT ST JOE FL FL 32456	81 Name
	82 Street Address (P.O. Box Number is Not Applicable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0302 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 agree to the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: D RAFFIELD, WILLIAM HAROLD 2. STREET ADDRESS: CANAL ST HIGHLAND VIEW 3. CITY: PORT ST JOE FL	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition 7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 8. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 9. CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 198.032, Florida Statutes. I further certify that the information furnished 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 manager or trustee or secretary for the corporation and that my name appears on the list of officers, directors, managers, trustees, or secretaries of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, managers, trustees, or secretaries of the corporation with an address.

SIGNATURE: *William Harold Raffield* 5-1-95 904-229-8229
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING AGENT OR DIRECTOR: **William Harold RAFFIELD**