FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L44032** **(5)**

1. Corporation Name

PENSACOLA STEVEDORE COMPANY, INC.

Principal Place of Business	Mailing Address
% P.O. BOX 12781 PENSACOLA FL 32575 US	% P.O. BOX 12781 PENSACOLA FL 32575 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/12/1990	04/07/1995

4. FEI Number: **59-2991604** ☐ 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

9. Name and Address of Current Registered Agent

PATE, MICHAEL
315A S. PALAFOX STREET
PENSACOLA FL 32501

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 617.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
1 NAME	PATE, MICHAEL L.		1 2 NAME
1 STREET ADDRESS	6520 ARD ROAD		1 3 STREET ADDRESS
1 CITY-ST-ZIP	PENSACOLA FL		1 4 CITY-ST-ZIP
2 TITLE	STD	☒ DELETE	2 1 TITLE ☐ Change ☐ Addition
2 NAME	PATE, TINA M.		2 2 NAME
2 STREET ADDRESS	6520 ARD ROAD		2 3 STREET ADDRESS
2 CITY-ST-ZIP	PENSACOLA FL		2 4 CITY-ST-ZIP
3 TITLE	VD	☐ DELETE	3 1 TITLE ☐ Change ☐ Addition
3 NAME	MILLER, SCOTT B.		3 2 NAME
3 STREET ADDRESS	807 VIA DELUNA DR		3 3 STREET ADDRESS
3 CITY-ST-ZIP	PENSACOLA BEACH FL		3 4 CITY-ST-ZIP
4 TITLE		☐ DELETE	4 1 TITLE ☐ Change ☐ Addition
4 NAME			4 2 NAME
4 STREET ADDRESS			4 3 STREET ADDRESS
4 CITY-ST-ZIP			4 4 CITY-ST-ZIP
5 TITLE		☐ DELETE	5 1 TITLE ☐ Change ☐ Addition
5 NAME			5 2 NAME
5 STREET ADDRESS			5 3 STREET ADDRESS
5 CITY-ST-ZIP			5 4 CITY-ST-ZIP
6 TITLE		☐ DELETE	6 1 TITLE ☐ Change ☐ Addition
6 NAME			6 2 NAME
6 STREET ADDRESS			6 3 STREET ADDRESS
6 CITY-ST-ZIP			6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true, correct and 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 attached sheet with an address.

SIGNATURE: Michael L Pate 2/26/96 904-438-3648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MICHAEL L PATE

CR2E034 (12/95)