FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L58106** **(0)**

1. Corporate Name
THE LOADING DOCK - WESTSHORE, INC.

Principal Place of Business
1408 N WESTSHORE BLVD SUITE 113
TAMPA FL 33607

Mailing Address
1408 N WESTSHORE BLVD SUITE 113
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1990**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
24 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
29 30

4. FEI Number: **59-2995165** — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DOWD, HENRY
101 E KENNEDY SUITE 2985
TAMPA FL 33602

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROWE, H DEAN
STREET ADDRESS	11401 CARROLLWOOD DR
CITY, ST, ZIP	TAMPA FL
TITLE	VD
NAME	ROWE, RICK D
STREET ADDRESS	11401 CARROLLWOOD DR
CITY, ST, ZIP	TAMPA FL
TITLE	VSD
NAME	ROWE, RICHELLE D
STREET ADDRESS	11401 CARROLLWOOD DR
CITY, ST, ZIP	TAMPA FL
TITLE	VD
NAME	ROWE, LINDA T
STREET ADDRESS	11401 CARROLLWOOD DR
CITY, ST, ZIP	TAMPA FL
TITLE	TD
NAME	ROWE, KARLENE K
STREET ADDRESS	11401 CARROLLWOOD DR
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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 the annual report or supplemental annual report is true and correct 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 is added as an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 — Date

8132532500 — Telephone Number

0283100 CP