

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L58106 (0)

1. Corporation 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 33607-4520



3. Date Incorporated or Qualified 03/14/1990  
3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, HENRY  
101 E KENNEDY SUITE 2985  
TAMPA FL 33602

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 607.0502 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 Signature type for principal name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
PD	ROWE, H DEAN	11401 CARROLLWOOD DR	TAMPA FL				
VD	ROWE, RICK D	11401 CARROLLWOOD DR	TAMPA FL				
VSD	ROWE, RICHELLE D	11401 CARROLLWOOD DR	TAMPA FL				
VD	ROWE, LINDA T	11401 CARROLLWOOD DR	TAMPA FL				
TD	ROWE, KARLENE K	11401 CARROLLWOOD DR	TAMPA FL				

14. I do hereby certify that the information supplied with this filing 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, and if of record or of record attachment with an address.

SIGNATURE: H. Dean Rowe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)