## **EILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L68160

(5)

INDEPENDENT BARGE SERVICES, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



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Principa' Place of Business         Mailing Address           P O BOX 1659         P O BOX 1659           P. O. BOX 840         P. O. BOX 840				
P. O. BOX 840 INVERNESS FL 32651	INVERNESS FL 34451-1659			
US US			3. Date Incorporated or Qualified 04/19/1990	3s. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 P.O.BOX 659		<i>5</i> 59	59-3050642	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<del>-</del> ,	6. Election Campaign Financing	\$5.00 May Be
23 Inverness, FL		٦_	Trust Fund Contribution	Added to Fees
24 34451-1659 25 US	29 34451-1659 :	Country 30 US.	8. This corporation has liability for in Florida Statutes	ptangible tax under s. 199.032, Yes :: No
24 3990 - 1659   25   U 3   9   Name and Address of	f Current Registered Agent	30	10. Name and Address of New Reg	
BOURDEAUX, JOHN W		81 Name	Walada T Towns	<u> </u>
2461 E. GULF TO LAKE HIGH	-tway	00 00000	Jicholas 1. Dunes	
INVERNESS FL 34453		82 Street Add	ress (P.O. Box Number is Not Acceptab	"Hickory.
***************************************		83	IN G. CO.I ID HOLO	
		04 05		Tam I 7: Out
		84 City	erness	FL 85 Zip Code
11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	
11, Pursuant to the provisions of Sections office or registered antificial both, in the agent. I am familiar with an account.	ne-State of Florida. Such change was au Makobligations of Section 607.0505. Flor	uthorized by the corpora rida Statutes	tion's board of directors. I hereby accep	t the appointment as registered
X VX XV (0)(1		stas J. Dames		ปเรโลก
SIGNATURE Signature, typied or printed name of reg		Registered Agent signature requi		DATE
12. OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TOLE P	DELETE	1.1 TIFLE	D	Change X Addition
NAME BOURDEAUX, JOHN W		1.2 NAME	icholas J. Doxones	•••
STREET AMORESS 2461 E. GULF TO LAKE	E HIGHWAY	1.3 STREET ADDRESS \C	057 Twelve Oaks Court	
CITY - ST - ZIP INVERNESS FL 34453			beeki Wachee Fl 34613.	
THE	☐ DELETE	2.1 TITLE		Change Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY - S1 - ZiP		2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADORESS		33 STREET ADDRESS		
CITY - ST - ZIP		3.4. CITY+SY-ZIP		
THE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREEL ADDRESS		4.3 STREET ADDRESS		
CHTM - ST - ZIF		4.4 CITY-ST-ZIP		
THE	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADORESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		54 CITY-ST-ZIP		
Tit, F	☐ DELETE	6 1 TITLE	3111 (11111 1111 1111 1111 1111 1111 11	Change Addition
NAME		6.2 NAME		
STREEL ADDRESS		6.3 STREET ADDRESS		
CHY-S1-ZiP		6.4 CITY-ST-ZIP		
14 I do harely cortly that the information	supplied with this filing does not qualify		d in Section 119 07/3\/i) Florida Statutes	I further certify that the

4. 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 perporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in charging or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

(352) 726-1071