


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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90053 003 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L87214</b>					
1. Corporation Name <b>TAMPA TERMINALS, INC.</b>					
Principal Place of Business <b>1900 S 20TH ST TAMPA FL 33605</b>			Mailing Address <b>1900 S 20TH ST TAMPA FL 33605</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/12/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0230110</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 25		29 30		8. This corporation owes the current year (Intangible Personal Property Tax). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>REYNOLDS, STEPHEN H. 215 MADISON ST. 7TH FLOOR TAMPA FL 33602</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Arthur R. Savage</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1701 Maritime Boulevard</b>	
				83	
				84 City <b>Tampa</b>	
				85 Zip Code <b>FL 33605</b>	
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, 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. <b>SIGNATURE</b> <i>Arthur R. Savage</i> <b>7/27/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE			1.1 TITLE <b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SAVAGE, ARTHUR R.</b>			1.2 NAME		
STREET ADDRESS <b>3413 MCKAY AVE., W.</b>			1.3 STREET ADDRESS <b>1701 Maritime Boulevard</b>		
CITY-ST-ZIP <b>TAMPA FL</b>			1.4 CITY-ST-ZIP <b>Tampa FL 33605</b>		
TITLE <b>STD</b> <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CRONEY, NANCY S.</b>			2.2 NAME		
STREET ADDRESS <b>4008 SAN RAFAEL ST</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>TAMPA FL</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 or Block 13 if changed or in an attachment with an address, with any other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**4/27/99**

**(813) 247-4850**

Daytime Phone #

CR2E034 (11/98)