

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90298 032 ***150.00

DOCUMENT # P18747

1. Entity Name

ADMIRAL TOWING AND BARGE COMPANY



Principal Place of Business

**1800 TERMINAL TOWER
CLEVELAND OH 44113-2204**

Mailing Address

**1800 TERMINAL TOWER
CLEVELAND OH 44113-2204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1253891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUREN, SHELDON B.
1101 BRICKELL AE.
STE. M100
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RASMUS, RONALD C.
STREET ADDRESS 32450 MEADOWLARK WAY
CITY-ST-ZIP PEPPER PIKE OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SOGOR, GEORGE L.
STREET ADDRESS 6890 HUNTING LANE
CITY-ST-ZIP INDEPENDENCE OH 44131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DRAS, CAROLYN J
STREET ADDRESS 1615 WYANDOTTE AVE
CITY-ST-ZIP LAKEWOOD OH 44107

TITLE ☒ Change ☐ Addition
NAME Oros, Carolyn J.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUREN, SHELDON B.
STREET ADDRESS 10 EDGEWATER DRIVE #140
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TALLISMAN, ERNEST E.
STREET ADDRESS 200 GLEN DRIVE
CITY-ST-ZIP MORELAND HILLS OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOROTOKY, PAMELA G.
STREET ADDRESS 5222 RUSSELL STREET H26
CITY-ST-ZIP TAMPA FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.04

216.621-4854