

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P34372** (3)

1. Corporation Name

**TRAILER BRIDGE, INC.**



Principal Place of Business

**500 PARK AVE.  
FIFTH FLOOR  
NEW YORK NY 10022**

Mailing Address

**500 PARK AVE.  
FIFTH FLOOR  
NEW YORK NY 10022**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/19/1991**

3a. Date of Last Report

**03/14/1995**

4. FEI Number

**13-3617986**

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MCLEAN, M.P.	
STREET ADDRESS	500 PARK AVE 5TH FLR	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCCOWN, JOHN D.	
STREET ADDRESS	500 PARK AVE 5TH FLR	
CITY- ST- ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEIM, RALPH W.	
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TANNER, MARK A.	
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SALVADOR, BARY F.	
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORLEY, J. EDWARD	
STREET ADDRESS	9550 REGENCY SQUARE BLVD., STE. 500	
CITY- ST- ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Ralph W. Heim</b>
1.3 STREET ADDRESS	<b>4550 Regency Square Blvd, Ste. 500</b>
1.4 CITY- ST- ZIP	<b>Jacksonville Florida 32225</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>M. P. McLean</b>
3.3 STREET ADDRESS	<b>500 Park Ave 5th Floor</b>
3.4 CITY- ST- ZIP	<b>New York, NY 10022</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

**3/27/96**

**914-724-4400**

CR2E034 (12/95)