FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P41017** **(5)**

1. Corporation Name

CAROLINA STEVEDORING COMPANY, INC.

Principal Place of Business	Mailing Address
9550 REGENCY SQ. BLDG. STE. 808 JACKSONVILLE FL 32225	9550 REGENCY SQ. BLDG. STE. 808 JACKSONVILLE FL 32225

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **10/19/1992**	3a. Date of Last Report **04/25/1995**
4. FEI Number **57-0894796**	☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent Signature required if box 9 is changed) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, FRED D.		1.2 NAME	
STREET ADDRESS	3415 11TH AVE., S.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMINGWAY, JON F.		2.2 NAME	
STREET ADDRESS	3415 11TH AVE., S.W.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA		2.4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HEMINGWAY, JON F.		3.2 NAME	
STREET ADDRESS	3415 11TH AVE., S.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, DANIEL J.		4.2 NAME	
STREET ADDRESS	3415 11TH AVE., S.W.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Jon F Hemingway Director 1-22-96 206-623-0304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)