

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000016763

1. Entity Name
**CARIBBEAN INTERNATIONAL TRANSPORTATION AND
CONSOLIDATION COMPANY, INC.**



Principal Place of Business
**5440 W. 5TH STREET
JACKSONVILLE, FL 32254**

Mailing Address
**5440 W. 5TH STREET
JACKSONVILLE, FL 32254**



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3197250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPHERD, FOSTER H.
4928 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPHERD, FOSTER H.,
STREET ADDRESS	4928 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DC
NAME	ZELL, HAROLD
STREET ADDRESS	101 WORTHING ROAD
CITY-ST-ZIP	SAINT SIMONS ISLAND, GA 31522
TITLE	D
NAME	ZELL, ROYALD
STREET ADDRESS	2225 CLIMBING IVY DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	ST
NAME	GLASS, LYNN
STREET ADDRESS	118 CYPRESS RUN DRIVE
CITY-ST-ZIP	BRUNSWICK, GA 31520
TITLE	D
NAME	ZELL, DONALD
STREET ADDRESS	8604 SAN SERVERA DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/04-80014-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #