

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 # P93000019576 (6)

1. Corporation Name

SEA BREEZE STEVEDORING, INC.



Principal Place of Business

1964 CHURCH STREET  
GULF BREEZE FL 32561  
US

Mailing Address

1964 CHURCH STREET  
GULF BREEZE FL 32561  
US

2. Principal Place of Business

2a. Mailing Address

21 PORT OF PENSACOLA, FL.

26 SEA BREEZE STEVEDORING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 889

27 P.O. Box 117

City & State

City & State

23 PENSACOLA, FL.

28 GULF BREEZE, FL.

Zip

Country

Zip

Country

24 32594

25 ESCAMBIA

29 32562

30 SANTA ROSA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/16/1993

3a. Date of Last Report  
01/04/1996

4. FEI Number

59-3169352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

HATHORN, RAY  
1964 CHURCH STREET  
GULF BREEZE FL 32561

81 Name

HATHORN, RAYMOND RAY HATHORN

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

RAY HATHORN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME SULLIVAN, MICHAEL  
STREET ADDRESS 1071 CIRCLE LANE  
CITY-ST-ZIP GULF BREEZE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DT ☒ DELETE  
NAME HATHORN, JEAN  
STREET ADDRESS 1964 CHURCH STREET  
CITY-ST-ZIP GULF BREEZE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME HATHORN, RAY  
STREET ADDRESS 1964 CHURCH STREET  
CITY-ST-ZIP GULF BREEZE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

RAY HATHORN VICE-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 916-1342

CR2E034 (12/95)