FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

<u>ر</u>

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1998 8:00am

Secretary of State

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019576 (6)

SEA BREEZE STEVEDORING, INC.

Principal Place of Business Mailing Address PORT OF PENSACOLA SEA BREEZE STEVE DORING P.O. BOX 889 P.O. BOX 117 PENSACOLA FL 32594 **GULF BREEZE FL 32562** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/16/1993 2s. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-3169352 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HATHORN, RAYMOND 1964 CHURCH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **GULF BREEZE FL 32561** 83 City 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 resistered agent, or both of 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 hon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11TITE Change Addition **SULLIVAN, MICHAEL** NAME 1.2 NAME 1071 CIRCLE LANE STREET ADDRESS 1.3 STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 14 CITY-ST-7/P DVP TITLE DELETE 21 TITLE Change Addition HATHORN, RAY NAME 2.2 NAME **1964 CHURCH STREET** STREET ADDRESS 2.3 STREET ADDRESS **G**ULG BREEZE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 THLE Addition MALAF 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 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

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 annual report or supplimental 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 personation 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 attachatent with an address.