

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000060941 (9)**

1. Corporation Name
MOBILE TERMINAL CONTRACTORS, INC.

Principal Place of Business

**ALABAMA STATE DOCKS
SLIP C
MOBILE AL 36633
US**

Mailing Address

**315-A S. PALAFOX ST.
P.O. BOX 12781
PENSACOLA FL 32575-2781
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

4. FEI Number

59-3267285

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country

2a. Mailing Address

26 **700 S Barracks St**

27 **PO BOX 12781**

28 **Pensacola FL**

29 **32575-2781** **30** **USA**

9. Name and Address of Current Registered Agent

**PATE, MICHAEL L
315-A S. PALAFOX ST.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name **Pate, Michael L**
82 Street Address (P.O. Box Number is Not Acceptable)
700 S Barracks St
83 **Bldg 2**
84 City **Pensacola** **FL** **85** Zip Code **32501**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael L Pate

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE **PD** ☐ DELETE
NAME **PATE, MICHAEL LYNN**
STREET ADDRESS **6520 ARD RD.**
CITY-ST-ZIP **PENSACOLA FL**

12 TITLE **STD** ☐ DELETE
NAME **GRANTHAM, SANDY PATE**
STREET ADDRESS **2856 TUPELO DRIVE**
CITY-ST-ZIP **PANAMA CITY FL**

13 TITLE **VD** ☐ DELETE
NAME **MILLER, SCOTT**
STREET ADDRESS **807 VIA DE LUNA DR.**
CITY-ST-ZIP **PENSACOLA FL**

14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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:

Michael L Pate

4/3/98

\$50-438-3648

CR2E034 (10/97)