

07/01/2004 11:14

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NAMCO

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90186 046 \*\*\*550.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                 |  |
|-------------------------------------------------|--|
| DOCUMENT # P95000012360                         |  |
| 1. Entity Name<br>NAMCO TERMINAL SERVICES CORP. |  |



|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>6990 NW 97TH AVENUE<br>MIAMI, FL 33178 | Mailing Address<br>6990 NW 97TH AVENUE<br>MIAMI, FL 33178 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0556532                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

**6. Name and Address of Current Registered Agent**

HARWELL, EVERETT O  
 9471 BAYMEADOWS, STE 106  
 JACKSONVILLE, FL 32256

**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 except 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 \$550.00  
 Due by September 8, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                           |
|----------------|-------------------------------------------|
| TITLE          | PDS                                       |
| NAME           | HARWELL, EVERETT O                        |
| STREET ADDRESS | 9471 BAYMEADOWS RD., STE 106              |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32256                    |
| TITLE          | VP                                        |
| NAME           | HARWELL, DONALD F                         |
| STREET ADDRESS | 720 N. VICTORIA RD. 6990 NW 97 Ave        |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33304 Miami, FL 33178 |
| TITLE          |                                           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-ST-ZIP    |                                           |
| TITLE          |                                           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-ST-ZIP    |                                           |
| TITLE          |                                           |
| NAME           |                                           |
| STREET ADDRESS |                                           |
| CITY-ST-ZIP    |                                           |

**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 118.07(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 #

7/2/04

305-591-2784