

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90163 035 \*\*\*150.00

**DOCUMENT # P95000012360**

1. Entity Name  
**NAMCO TERMINAL SERVICES CORP.**



Principal Place of Business  
**6990 NW 97TH AVENUE  
MIAMI, FL 33178**

Mailing Address  
**6990 NW 97TH AVENUE  
MIAMI, FL 33178**

**40027360**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**MANNING, G. STEPHEN  
50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDS<br>KOHN, KEVIN R<br>9471 BAYMEADOWS RD., STE 106<br>JACKSONVILLE, FL 32256   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HARWELL, DONALD F<br><del>6990 NW 97 AVENUE</del> <b>6990 NW 97 Ave</b><br><del>MIAMI, FL 33178</del> <b>Miami, FL 33178</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>OK</i>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** *Donald F Harwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/05* **905-591-2784**  
Date Daytime Phone #