

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90195 042 ***158.75

DOCUMENT # **P95000070129**

1. Corporation Name
CARIBBEAN CARGO, INC.



Principal Place of Business

2033 MAIN STREET
SUITE 100
SARASOTA FL 34237
US

Mailing Address

P.O. BOX 1490
TALLAVAST FL 34270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0615701

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

Trust Fund Contribution
8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FRIEDLAND, RALPH L
2033 MAIN STREET
SUITE 100
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **WIEDEMAN, BONNIE**

STREET ADDRESS **2306 16TH AVE. W.**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **POCE** ☐ DELETE

NAME **SCHELLHORN, LYNN E**

STREET ADDRESS **203 OVIEDO ST**

CITY-ST-ZIP **GULF BREEZE FL 33561**

TITLE **VP** ☐ DELETE

NAME **WOODWARD, JAMES L**

STREET ADDRESS **2531 GRAND CAYMAN ST.**

CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DV** ☐ DELETE

NAME **STENGLEIN, JOHN G**

STREET ADDRESS **1100 UNIVERSITY PARKWAY**

CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **TD** ☐ DELETE

NAME **WHITEHEAD, AL**

STREET ADDRESS **509 S. LARRY CIRCLE**

CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ DELETE

NAME **FRIEDLAND, RALPH L**

STREET ADDRESS **2033 MAIN STREET, SUITE 100**

CITY-ST-ZIP **SARASOTA FL 34237**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

941
365-1980

Daytime Phone #

CR2E034 (11/98)