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

PROFIT CORPORATION ANNUAL REPORT

**1998** 

100



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

CR2E034 (10/97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057262 (3)

ALL FLORIDA DOCK & BARGE INC

Principal Place of Business Mailing Address **705 PINELAND TR** 705 PINELAND TR ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1996 2, Principal Place of Business Applied For 2a. Mailing Address 4, FEI Number 59-3397056 Not Applicable 21 26 Suite, Apt #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country Yes 25 29 30 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SKINNER, JOHN E 1330 FLEMING AVE #53 82 **ORMOND BEACH FL 32174** 83 84 new addre 321 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 Statules. 11. Pursuant to the provisions of SIGNATURE (NOTL. Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 1111.6 **SKINNER, JOHN E** NAME 1.2 NAME 705 PINELAND TR STREET ADDRESS 1.3 STREET ADDRESS **ORMOND BEACH FL** 1.4 CITY+ST-7)P CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 THILE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 6.1 THLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

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 supplieries 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