

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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000096587 (6)**

1. Corporation Name  
**GLOBAL STEVEDORING, INC.**



Principal Place of Business <b>1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207</b>	Mailing Address <b>1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207-9072</b>
---	--

2. Principal Place of Business 21 <b>2701 TALLEYRAND</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO BOX 41064</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/19/1996</b>		3a. Date of Last Report	
22 City & State 23 <b>JACKSONVILLE FL</b> Zip Country		27 City & State 28 <b>JACKSONVILLE FL</b> Zip Country		4. FEI Number <b>59-3412295</b>		Applied For Not Applicable	
24 <b>32209</b> 25 <b>USA</b>		29 <b>32203</b> 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>JACKSONVILLE FL</b>		28 <b>JACKSONVILLE FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>32209</b> 25 <b>USA</b>		29 <b>32203</b> 30 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PEEK, DAVID H 1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207</b>				10. Name and Address of New Registered Agent 81 Name <b>CARLTON H SPENCE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2625 WEST 5TH STREET</b> 83 84 City <b>JACKSONVILLE</b> 85 Zip Code <b>FL 32254</b>			
---	--	--	--	---	--	--	--

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 a natural person and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Carlton H Spence*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	SPENCE, CARLTON H	1.1 TITLE	D	1.2 NAME	SPENCE, CARLTON H
STREET ADDRESS		STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1609	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	2625 WEST 5TH STREET
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE FL 32207	2.1 TITLE	D	2.2 NAME	SPENCE, JEFFREY C
TITLE	D	NAME	SPENCE, JEFFREY C	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	2625 WEST 5TH STREET
STREET ADDRESS		STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1609	3.1 TITLE	D	3.2 NAME	SORDIAN, PHILIP
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE FL 32207	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	2701 TALLEYRAND
TITLE	D	NAME	SORDIAN, PHILIP	4.1 TITLE	D	4.2 NAME	SHARPE, RICK
STREET ADDRESS		STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1609	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	2701 TALLEYRAND
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE FL 32207	5.1 TITLE		5.2 NAME	
TITLE	D	NAME	SHARPE, RICK	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1609	6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE FL 32207	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

14. I do 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: *Carlton H Spence* 4-9-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone # 0000040

CR2E034 (9/96)