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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056740 (8)

FILED Feb 04 1998 8:00am Secretary of State

YARLING STEVEDORING, INC. Principal Place of Business Mailing Address 1513 N. COCOA BLVD. 1513 N. COCOA BLVD. **COCOA FL 32922 COCOA FL 32922** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, 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 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 24 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KUSH-YARLING, KAREN 3980 SPIKES LANE SHE 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926** 83 84 City 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 (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. agent of tilk it applicable BIONATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE YARLING. RAYMOND D NAME 1.2 NAME 3980 SPIKES LANE STREET ADDRESS 1.3 STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP 1.4 CITY - ST - ZIP A Change DELETÉ Addition TITLE 2.1 TITLE KUSH-YARLING, KAREN NAME 2.2 NAME 3980 SPIKES LANE 2.3 STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP 2 4 CITY-ST-ZIP Change □ DELETE Addition TITLE 3 1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - ZiP 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 offect 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.

KAREN KUSH-YARLING