Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90125 040 ***150.00

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**

DOCUMENT # P9700056740

 Corporation 	Name					
YARLING STEVEDORING, INC.						
B. () S(\$4-10 A Ad				
Principal Place of Business Mailing Address						
1513 N. COCOA BLVD. 1513 N. COCOA BLVD. COCOA FL 32922 COCOA FL 32922						
00000112 0201						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 06/20/1997
2. Principal Pla	ace of Business	2a. Mailing Address	ła. Mailing Address			4. FEI Number Applied For
21		26				59-3425896 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5.' Certificate of Status Desired
22 27						
City & State	•		City & State -			6. Election Campaign Financing Trust Fund Contribution Added to Fees
23 Zin	Country	Zip	Col	intry		8. This corporation owes the current year Intangible
Zip	25	29	30	anta y		Personal Property Tax.
24	9. Name and Address of Currer	11	1901			10. Name and Address of New Registered Agent
				81	Name	9
Kush-yarling, Karén				82	Stroet	et Address (P.O. Box Number is Not Acceptable)
3980 SPIKES LN				32	Ollecti	at Address (1.5. Box Hamber to Not Notables)
COCOA FL 32926				83		
					City	85 Zip Code
				84		FL
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obliga	i2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the a uthorized rida Stat	bove d by utes.	e-named of the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	nature, typed or printed name of registered agent and title if applicable. (NOTE: Registere OFFICERS AND DIRECTORS 13.		Agen	t signature re	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		DELETE	_	1.1 TITLE		ADDITIONS/OFFIAIGES TO OFFICE ICE STATE STATE OF Addition
TITLE	DPT Yarling, raymond d		1.2 N			
NAME	3980 SPIKES LANE				ADDRESS	2
STREET ADDRESS	COCOA FL 32926		1.4 CiTY-5			~
CITY-ST-ZIP	DVS	☐ DELETE	2.1 Ti		I LIF	. Change Addition
NAME	KUSH-YARLING, KAREN	_	2.2 NAME		\ \ \ \ \ \	
STREET ADDRESS	3980 SPIKES LANE		2.3 STRE		ADDRESS	s
CITY-ST-ZIP	COCOA FL 32926		2. 4 CIT			_
TITLE	000			3.1 TITLE		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S	TREET	ADDRESS	s
CITY-ST-ZIP			3.4. 0	XTY-S	T-ZiP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	4.		4. 2 N	4. 2 NAME		
STREET ADDRESS 4.3		4.3 S	4.3 STREET ADDRESS		sş	
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP	
TITLE		☐ DELETE	5 1 T			☐ Change ☐ Addition
114145			5.2 N	AME	i	

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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CfTY-ST-ZIP

TTLE

NAME

DELETE

Change

☐ Addition