

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S53228 (0)

1. Corporation Name
AMERICAN BARGE & BOAT SERVICES, INC.



Principal Place of Business
**P.O. BOX 13427
TAMPA FL 33681**

Mailing Address
**P.O. BOX 13427
TAMPA FL 33681**

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3070851	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNIGHT, THEODORE H.
5440 WEST TYSON AVENUE
TAMPA FL 33611**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, THEODORE H 5440 W TYSON AVE TAMPA FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	Director Lance Ringhaver P. O. Box 30169 Tampa, Florida 33630-3169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITTENDEN, JACK F 3042 BRANCH DRIVE CLEARWATER FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	Secretary Rebecca W. Hudson 5440 West Tyson Avenue Tampa, Florida 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERMODE, RICHARD C 5440 W TYSON AVE TAMPA FL	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	Vice President/Treasurer Hans Kalf 5440 West Tyson Avenue Tampa, Florida 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUDSON, DONALD E 5440 W TYSON AVE TAMPA FL	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAN HECK, GJT 5440 W TYSON AVE TAMPA FL	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGE, SCOTT 1920 QUINTON STREET THE DALLES OR	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Theodore H. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore H. Knight

2/2/96

(813) 839-8441

Date

Daytime Phone #

CR2E034 (12/95)