AMENDED

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

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 DEC 11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53228

1. Corporation Name

AMERICAN BARGE & BOAT SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. Box 13427 Tampa, FL 33681	P.O. Box 13427 Tampa, FL 33681-3427

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 05/16/1991

3a. Date of Last Report: 2/10/97

4. FEI Number: 59-3070851 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: XX Yes ☐ No

9. Name and Address of Current Registered Agent

BOLLES, JOHN L
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] John L. Bolles — November 13, 1997

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BOLLES, JOHN L.	
STREET ADDRESS	5440 WEST TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VTS	☐ DELETE
NAME	VERKYK, ROBERT J.	
STREET ADDRESS	5440 WEST TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DASC	☐ DELETE
NAME	CRITTENDEN, JACK	
STREET ADDRESS	3042 BRANCH DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	HEGE, SCOTT	
STREET ADDRESS	1920 QUINTON ST	
CITY-ST-ZIP	THE DALLES OR	
TITLE	D	☐ DELETE
NAME	RINGHAVER, LANCE	
STREET ADDRESS	P OST OFFICE BOX 30169 (N/A)	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	KLAP, CORNELIS J	
STREET ADDRESS	5440 WEST TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition

600002373726--9
-12/16/97--01078--015
*****70.00 *****70.00

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] John L. Bolles, President — 11/13/97 — 813/839-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #