

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

FILED

Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3070851	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 BOLLES, JOHN L.
				82	Street Address (P.O. Box Number is Not Acceptable) 5440 WEST TYSON AVENUE
				83	
				84	City TAMPA
				85	Zip Code FL 33611

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 **JOHN L. BOLLES** DATE **2/16/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, THEODORE H	1.2 NAME	BOLLES, JOHN L.
STREET ADDRESS	5440 W TYSON AVE	1.3 STREET ADDRESS	5440 WEST TYSON AVE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DASC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, JACK F	2.2 NAME	CRITTENDEN, JACK F.
STREET ADDRESS	3042 BRANCH DRIVE	2.3 STREET ADDRESS	3042 BRANCH DRIVE
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RINGHAVER, LANCE	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 30169 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, REBECCA W.	4.2 NAME	VERKYK, ROBERT J.
STREET ADDRESS	5440 WEST TYSON AVENUE	4.3 STREET ADDRESS	5440 WEST TYSON AVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAP, KEES JAN	5.2 NAME	KLAP, CORNELIS J.
STREET ADDRESS	5440 W TYSON AVE	5.3 STREET ADDRESS	5440 WEST TYSON AVE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA FL 33611
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HEGE, SCOTT	6.2 NAME	
STREET ADDRESS	1920 QUINTON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE DALLES OR	6.4 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.

SIGNATURE:

John L. Bolles, President

2/16/98

813/839-8441

CR2E034 (10/97)