

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146740

Entity Name: SEAFREIGHT AGENCIES (USA), INC.

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

FEI Number: 20-3729367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SENIOR VICE PRESIDENT &
DIRECTOR
Name BENNETT , BRETT H.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name MENOYO, SALVADOR
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title CORPORATE SECRETARY
Name ALFORD, REECE B.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE
SECRETARY
Name MEAD, ARTHUR F. III
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title CFO
Name WARNER, DANIEL L.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP, TREASURER
Name HIMES, NORMAN S. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name OTERO , TONY R.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name SMITH, BRYAN C.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REECE B. ALFORD

SECRETARY

04/14/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name LAMB, RICHARD D. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name FITZGERALD , RAYMOND F.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR (CHAIR)
Name CROWLEY, THOMAS B. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name LEGG, JENNIFER P.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225