

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811386

Entity Name: CROWLEY LINER SERVICES, INC.**Current Principal Place of Business:**9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225**Current Mailing Address:**9487 REGENCY SQUARE BLVD.
C/O LEGAL DEPARTMENT
JACKSONVILLE, FL 32225 US**FEI Number:** 59-0835484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 VP, TREASURER
Name WARNER, DANIEL LONGFELLOW
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR, SENIOR VICE PRESIDENT
& GENERAL MANAGER
Name COLLAR, STEVEN MICHAEL
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY
Name MCCLELLAN, KERRI ANN
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

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

Title DIRECTOR, SENIOR VICE
PRESIDENT, & GENERAL MANAGER
Name HOURIHAN, JOHN PATRICK JR
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title CHAIRMAN OF THE BOARD
Name CROWLEY, THOMAS BANNON JR
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

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

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

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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: KERRI ANN MCCLELLAN**SECRETARY****04/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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