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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J41978 (4)**

1. Corporation Name
R & L MAY STEAMSHIP AGENCY, INC.

Principal Place of Business: **101 GEORGE KING BLVD. P.O. BOX 654 CAPE CANAVERAL FL 32920**

Mailing Address: **101 GEORGE KING BLVD. P.O. BOX 654 CAPE CANAVERAL FL 32920**

2. Principal Place of Business: **21 99 George King Blvd.**

2a. Mailing Address: **25 99 George King Blvd.**

22. P.O. Box 654

27. P.O. Box 654

23. Cape Canaveral, FL

28. Cape Canaveral, FL

24. 32920 25. USA 29. 32920 30. USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1986**

3a. Date of Last Report: **03/21/1994**

4. FEI Number: **59-2784204**

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

**MAY, LINDA J
101 GEORGE KING BLVD
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name: Randall L. May

82 Street Address (P.O. Box Number is Not Acceptable): 99 George King Blvd.

83 Cape Canaveral,

84 City: FL 85 Zip Code: 32920

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: *Randall L. May* 3/27/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAY, RANDALL L.
STREET ADDRESS	101 GEORGE KING BLVD
CITY, ST, ZIP	CAPE CANAVERAL FL
TITLE	DV
NAME	MAY, LINDA J.
STREET ADDRESS	101 GEORGE KING BLVD
CITY, ST, ZIP	CAPE CANAVERAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, VP, S, T, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	May, Randall L.	
13 STREET ADDRESS	99 George King Blvd.	
14 CITY, ST, ZIP	Cape Canaveral, FL 32920	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete Linda J. May	
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall L. May* 3/27/95 407-784-4665

RANDALL L. MAY