FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **327758** **(9)**

1. Corporation Name
POLARIS SHIPPING CORPORATION

Principal Place of Business
1114 SW 3RD ST
P O BOX 214
BOYNTON BEACH FL 33435

Mailing Address
1114 SW 3RD ST
P O BOX 214
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1968**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-1259012** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
POMEROY, JOHN C
1114 S W 3RD ST P O BOX 214
BOYNTON BEACH, FLORIDA
33435

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — **FL** — B5 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	POMEROY,JOHN C	NAME	
STREET ADDRESS	1114 SW 3RD ST	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PARK,LAURA	NAME	
STREET ADDRESS	1563 S.E. HOLLY ST.	STREET ADDRESS	
CITY ST ZIP	PORTLAND OR	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	POMEROY,MARY L	NAME	
STREET ADDRESS	1114 SW 3RD ST	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge and belief, is accurate and that I am authorized to execute this report as required by Chapter 607, Florida Statutes. I further certify that the corporation named in this report has paid all fees due to the Department of State, that it has not dissolved or withdrawn, and that I am aware that false information submitted to a public officer or agency pursuant to a requirement of law is a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: 4/29/95 407 732 5773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0283368 CP