FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702847 (5)

1. Corporation Name

PENSACOLA STEAMSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 S ALCANIZ STREET P O BOX 12921 PENSACOLA FL 32576	101 S ALCANIZ STREET P O BOX 12921 PENSACOLA FL 32576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1961
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1945251 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WENTWORTH, BRUCE
2201 SCENIC HIGHWAY, APT #6
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	1.1 TITLE	☐ Change ☐ Addition
NAME	WENTWORTH, BRUCE D	1.2 NAME	
STREET ADDRESS	2201 SCENIC HIGHWAY, APT. #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILKINS, DAN	2.2 NAME	
STREET ADDRESS	118 N ROYAL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 00000	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	D ☐ Change ☐ Addition
NAME	GIESE, OTTO	3.2 NAME	
STREET ADDRESS	312 W. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☒ Change ☐ Addition
NAME	NYQUIST, JOEL	4.2 NAME	REMOVE
STREET ADDRESS	165 STATE DOCKS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	V D ☒ Change ☐ Addition
NAME	MATTINGLY, NED	5.2 NAME	MATTINGLY, NED
STREET ADDRESS	211 N CONCEPTION ST	5.3 STREET ADDRESS	211 N. CONCEPTION ST.
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	MOBILE, AL
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	PATE, W H	6.2 NAME	
STREET ADDRESS	211 N CONCEPTIONS ST TLS 6/27/95	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	6.4 CITY-ST-ZIP	$ Overpaid by Bruce

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce D Wentworth 3/1/95 (904)433-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE D. WENTWORTH

007847