

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702847 (5)

1. Corporation Name

PENSACOLA STEAMSHIP ASSOCIATION, INC.

Principal Place of Business

101 S ALCANIZ STREET
P O BOX 12921
PENSACOLA FL 32576

Mailing Address

101 S ALCANIZ STREET
P O BOX 12921
PENSACOLA FL 32576



3. Date Incorporated or Qualified
08/31/1961

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 804 S. Palafox St

Suite, Apt. #, etc.

2a. Mailing Address
26 P. O. BOX 12921

Suite, Apt. #, etc.

23 City & State
Pensacola, FL

27 City & State
Pensacola, FL

24 Zip 32501 25 Country USA

29 Zip 32576 30 Country USA

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 Ruby B. Rivaiz
82 Street Address (P.O. Box Number is Not Acceptable) 710 E. Ten Mile Road
83
84 City Pensacola FL 85 Zip Code 32514

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ruby B. Rivaiz*

Ruby B. Rivaiz

4/26/96

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WENTWORTH, BRUCE D	
STREET ADDRESS	2201 SCENIC HIGHWAY, APT. #6	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, DAN	
STREET ADDRESS	118 N ROYAL ST	
CITY - ST - ZIP	MOBILE, AL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIESE, OTTO	
STREET ADDRESS	312 W. MAIN ST.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATE, W H	
STREET ADDRESS	211 N CONCEPTION ST.	
CITY - ST - ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTINGLY, NED	
STREET ADDRESS	211 N CONCEPTION ST	
CITY - ST - ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thomas R. Taylor	
13 STREET ADDRESS	208 Alabama State Docks Admin. Bldg	
14 CITY - ST - ZIP	Ala. State Docks Blvd-Mobile, Ala. 36601	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Doug Stallings	
23 STREET ADDRESS	211 North Conception Street	
24 CITY - ST - ZIP	Mobile, Ala. 36603	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Bobby Smith	
33 STREET ADDRESS	208 Alabama State Docks Admin. Bldg	
34 CITY - ST - ZIP	Ala. State Docks Blvd. Mobile, Ala 36601	
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 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)(k), 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: *Ned E. Mattingly*

Ned E. Mattingly

4/26/96

(334)433-5401

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)