


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90048 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702847**

1. Corporation Name

**PENSACOLA STEAMSHIP ASSOCIATION, INC.**

Principal Place of Business

700 S BARRACKS STREET  
BUILDING #2  
PENSACOLA FL 32501  
US

Mailing Address

PO BOX 12821  
PENSACOLA FL 32576  
US

488183-90048-46



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/31/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1945251	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

RIVAIS, RUBY B.  
710 E TEN MILE ROAD  
PENSACOLA FL 32514

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERBURY, THOMAS	1.2 NAME	
STREET ADDRESS	208 ALABAMA STREET DOCKS ADMIN BLDG #55	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLINGS, DOUG	2.2 NAME	
STREET ADDRESS	211 N CONCEPTION STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BOBBY	4.2 NAME	
STREET ADDRESS	208 ALABAMA STATE DOCS ADMIN BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTINGLY, NED	5.2 NAME	
STREET ADDRESS	211 N CONCEPTION ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Ned Mattingly* NED MATTINGLY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(850) 438-2710

Date

Daytime Phone #

CR2E037 (11/98)