

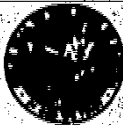
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 867993

1. Corporation Name

STRACHAN SHIPPING COMPANY

Principal Place of Business

SAVANNAH, GA

Mailing Address

**POST OFFICE BOX 3147
SAVANNAH, GA
31402**

**600001524686
-06/27/95--01080--010
*****225.00 *****225.00**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		09/19/1949		1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		58-0548649		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND DR.
PLANTATION, FL 33324**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	MACPHERSON, J R. JR.	12 NAME	
STREET ADDRESS	19545 BAY FRONT ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	POINT CLEAR, AL 36564	14 CITY - ST - ZIP	
TITLE	SECRETARY / TREASURER / DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	EDWIN L. ENNIS	22 NAME	
STREET ADDRESS	122 WILMINGTON ISLAND ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 31410	24 CITY - ST - ZIP	
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	R.W. GROVES JR.	32 NAME	
STREET ADDRESS	Rte 3, Box 483	33 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 31406	34 CITY - ST - ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	R.W. GROVES, III	42 NAME	
STREET ADDRESS	Rte 3 Box 483	43 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 31406	44 CITY - ST - ZIP	
TITLE	VICE PRESIDENT	51 TITLE	☐ Change ☐ Addition
NAME	HENRY D. DUNN	52 NAME	
STREET ADDRESS	6002 COMMERCIAL BLVD	53 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH, GA 31408	54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN L. ENNIS

6-15-95

Date

912 966 3092

Daytime Phone