FILE NOW: FILING FEE AFTER MAY 1 IS [redacted]

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 23 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 867993

1. Corporation Name
STRACHAN SHIPPING COMPANY

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

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
SAVANNAH, GA	POST OFFICE BOX 3147 SAVANNAH, GA 31402

3. Date Incorporated or Qualified: 09/19/1949
3a. Date of Last Report: 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: 58-0548649 ☐ 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

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

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	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	1822 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 493	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		RW
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-15-95 912 966 3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWIN L. ENNIS