

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 807993 (1)

1. Corporation Name

STRACHAN SHIPPING COMPANY



Principal Place of Business

P.O. BOX 3147
SAVANNAH GA 31402

Mailing Address

P.O. BOX 3147
SAVANNAH GA 31402

3. Date Incorporated or Qualified
09/19/1949

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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 607.1538, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
MACPHERSON, J R JR
STREET ADDRESS
18545 BAY FRONT RD
CITY- ST- ZIP
POINT CLEAR AL 36564

TITLE ☐ DELETE

NAME
ENNIS, EDWIN L.
STREET ADDRESS
1822 WILMINGTON ISLAND RD.
CITY- ST- ZIP
SVANNAH GA 31410

TITLE ☐ DELETE

NAME
D
GROVES, R.W., JR.
STREET ADDRESS
RT. 3 BOX 483
CITY- ST- ZIP
SAVANNAH GA 31406

TITLE ☐ DELETE

NAME
D
GROVES, R W., III
STREET ADDRESS
RT. 3 BOX 483
CITY- ST- ZIP
SAVANNAH GA 31406

TITLE ☐ DELETE

NAME
V
DUNN, HENRY D.
STREET ADDRESS
6002 COMMERCIAL BLVD.
CITY- ST- ZIP
SAVANNAH GA 31408

TITLE ☐ DELETE

NAME
AVP
CAWTHON, VERNON
STREET ADDRESS
6002 COMMERCE BLVD
CITY- ST- ZIP
SAVANNAH GA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

3/7/96

912-9665200

Date

Daytime Phone #

CR2E034 (12/95)