

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90072 030 ***150.00

DOCUMENT # 807993

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1949

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE S ☐ DELETE
NAME ELTON, CHERYL C.
STREET ADDRESS 310 W. WHATLEY ST.
CITY-ST-ZIP POOLER GA 31322

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

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

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

TITLE TVPF ☐ DELETE
NAME CAWTHON, VERNON W. JR.
STREET ADDRESS 6002 COMMERCE BLVD
CITY-ST-ZIP GARDEN CITY GA 31408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)