

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # 807993**1. Entity Name
STRACHAN SHIPPING COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 3147	P.O. BOX 3147
SAVANNAH GA 31402	SAVANNAH GA 31402

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
58-0548649
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD**PLANTATION FL**
33324 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **01/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	TVPF	<input type="checkbox"/> Delete
NAME	CAWTHON VERNON W. JR.	
STREET ADDRESS	6002 COMMERCE BLVD	
CITY-ST-ZIP	GARDEN CITY GA 31408	

TITLE	D	<input type="checkbox"/> Delete
NAME	GROVES, R W., III	
STREET ADDRESS	RT. 3 BOX 483	
CITY-ST-ZIP	SAVANNAH GA 31406	

TITLE	S	<input type="checkbox"/> Delete
NAME	ELTON CHERYL C.	
STREET ADDRESS	310 W. WHATLEY ST.	
CITY-ST-ZIP	POOLER GA 31322	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACPHERSON, J R JR	
STREET ADDRESS	18545 BAY FRONT RD	
CITY-ST-ZIP	POINT CLEAR AL 36564	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSEC C. CLINTON CFO	
STREET ADDRESS	6002 COMMERCE BLVD	
CITY-ST-ZIP	GARDEN CITY GA	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVES, R W., III	
STREET ADDRESS	RT. 3 BOX 483	
CITY-ST-ZIP	SAVANNAH GA 31406	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL C. ELTON**S****01/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)