FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **810967** **(0)**

1. Corporation Name

SOUTHERN STEAMSHIP AGENCY INC

Principal Place of Business	Mailing Address
118 N. ROYAL STREET SUITE 1200 MOBILE AL 36602	118 N. ROYAL STREET SUITE 1200 MOBILE AL 36602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/20/1956**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **63-0439199** ☐ 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 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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	THURBER, H.W. I	12 NAME	
STREET ADDRESS	118 N. ROYAL ST., #1200	13 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	OSTER, RICH MR.	22 NAME	
STREET ADDRESS	118 N. ROYAL ST., #1200	23 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MORSE, SIMON	32 NAME	
STREET ADDRESS	23 KING STREET, ST. JAMES HOUSE	33 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	JUNEAU, DONALD	42 NAME	
STREET ADDRESS	118 N. ROYAL ST., #1200	43 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36602	44 CITY-ST-ZIP	
TITLE	CS	51 TITLE	☐ Change ☐ Addition
NAME	ALLEN, RACHEL	52 NAME	
STREET ADDRESS	118 N. ROYAL ST., #1200	53 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36602	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)(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: Rachel Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047011 PP