

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 825104 (3)

1. Corporation Name

NORTH FLORIDA SHIPPERS' COOPERATIVE ASSOCIATION,
INC.

Principal Place of Business

2175 COMMONWEALTH VE
P.O. BOX 2701
JACKSONVILLE FL 32209
US

Mailing Address

2175 COMMONWEALTH VE
P.O. BOX 2701
JACKSONVILLE FL 32209
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

ROWELL, ARLENE P
6094 CAPRICE DR.
JACKSONVILLE FL 32244

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 Section 607.01(4) and 607.0508, 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 duties imposed by, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-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)(g), Florida Statutes. I further certify that the information indicated on this form 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 registered agent or shareholder 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 in an addition with an address.

SIGNATURE:

Curtis V. Hill V.P.

4/15/95

(904)
737-0811

CR2E034 (12/95)