

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000001852 (2)

1. Corporation Name

INCHCAPE SHIPPING SERVICES, INC.

**APPROVED
AND
FILED**

95 APR -4 AM 10:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**SUITE 1200
118 NORTH ROYAL STREET
MOBILE AL 36602**

Mailing Address

**SUITE 1200
118 NORTH ROYAL STREET
MOBILE AL 36602**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

4. FEI Number

63-0923085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**C T 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **THURBER, H W III**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

TITLE **D**
NAME **MORSE, SIMON**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

TITLE **V**
NAME **OSTER, RICHARD**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

TITLE **V**
NAME **JUNEAU, DONALD**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

TITLE **V**
NAME **GABBETT, RONALD**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

TITLE **S**
NAME **ALLEN, RACHEL**
STREET ADDRESS **118 NORTH ROYAL STREET, SUITE 1200**
CITY - ST - ZIP **MOBILE AL 36602**

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

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 007, 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

Signature Number