

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001852 (2)

1. Corporation Name

INCHCAPE SHIPPING SERVICES, INC.



Principal Place of Business SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602	Mailing Address SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1984

4. FEI Number

63-0923085

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	THURMOND, 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	VP
NAME	IAN WHELAN
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200
CITY-ST-ZIP	MOBILE AL
TITLE	V
NAME	JUNEAD, 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	
11 TITLE	PD
12 NAME	STEVE HAYERSTOCK
13 STREET ADDRESS	118 North Royal Street, Suite 1200
14 CITY-ST-ZIP	Mobile Alabama 36602
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE: Rachel Allen 2/9/97 334-405-6367

CR2E034 (10/97)