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 12 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/13/95--01017--020
****400.00 ****200.00

DOCUMENT # **F94000006112 (6)**

1. Corporation Name

WILMINGTON SHIPPING COMPANY

~~D/b/a Southern Ancors~~

Principal Place of Business	Mailing Address
330 SHIPYARD BLVD. WILMINGTON NC 28412	330 SHIPYARD BLVD. WILMINGTON NC 28412

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1994**

3a. Date of Last Report:

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: **56-0477767** ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

(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	EMERSON, WILLIAM P JR	12 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	13 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC 28412	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	RUFFIN, PETER B JR	22 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	23 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC 28412	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	FURR, SUZANNE L	32 NAME	
STREET ADDRESS	3333 PIPER LANE	33 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC 28208	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	EARNHARDT, STEVEN A	42 NAME	
STREET ADDRESS	2001 OLD GREENBRIER RD.	43 STREET ADDRESS	
CITY ST ZIP	CHESAPEAKE VA 23320	44 CITY ST ZIP	
TITLE	VTD	51 TITLE	☐ Change ☐ Addition
NAME	HUTCHENS, ROBERT F	52 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	53 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC 28412	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CRAIG, WILLIAM G	62 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	63 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC 28412	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: Robert F Hutchens Robert F Hutchens CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-95 Date

910-392 8210 Daytime Phone #

A12.05

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