

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

881082

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G06091

(4)

1. Corporation Name

INTEROCEAN STEAMSHIP CORP.



Principal Place of Business

111 E MADISON ST
PO BOX 1284
TAMPA FL 33601

Mailing Address

111 E MADISON ST
PO BOX 1284
TAMPA FL 33601

3. Date Incorporated or Qualified
10/26/1982

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23

28

24

Zip

Country

25

Zip

Country

29

30

4. FEI Number
59-2238680

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

10. Name and Address of New Registered Agent

SIMPSON, NATHAN B
111 E MADISON ST
TAMPA, FL
33602

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 607.1506, 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 date of signature

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSPC	<input type="checkbox"/> DELETE
NAME	BAILEY, B.T.	
STREET ADDRESS	111 E MADISON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RANKIN, TOM L.	
STREET ADDRESS	111 E MADISON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	CBP	<input checked="" type="checkbox"/> DELETE
NAME	AMOSS, JR. W	
STREET ADDRESS	300 POYDRAS STREET	
CITY-ST-ZIP	NEW ORLEANS FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, E. F.	
STREET ADDRESS	300 POYDRAS STREET	
CITY-ST-ZIP	NEW ORLEANS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMPSON, NATHAN B.	
STREET ADDRESS	111 E. MADISON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COX, RONALD L.	
STREET ADDRESS	111 E. MADISON STREET	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See Attached
FOR CHANGES & ADDITIONS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. B. Schmale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96

(813) 223-3981

Date

Telephone (Area Code)

CR2E034 (12/95)

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INTEROCEAN STEAMSHIP CORP.

P.O. Box 1284
Tampa, Florida 33601

Federal Identification No.
59-2238680

111 E. Madison Street
Tampa, Florida 33602

Date of Incorporation
October 26, 1982

Document No. G06091

Incorporated State of Florida

Telephone No. 813/273-5400

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chairman of the Board, President, and Chief Executive Officer	Tom L. Rankin	111 E. Madison Street	Tampa, FL 33602
Senior Vice President & Comptroller	B. T. Bailey	111 E. Madison Street	Tampa, FL 33602
Senior Vice President (Human Resources)	Louis J. Buisson	111 E. Madison Street	Tampa, FL 33602
Senior Vice President, Chief Financial Officer, Treasurer and Assistant Secretary	J. T. Lykes, III	111 E. Madison Street	Tampa, FL 33602
Secretary	Nathan B. Simpson	111 E. Madison Street	Tampa, FL 33602
Assistant Secretary	D. R. Schindler	111 E. Madison Street	Tampa, FL 33602
Directors	Michael L. Carrere	111 E. Madison Street	Tampa, FL 33602
	David H. Knapp	111 E. Madison Street	Tampa, FL 33602
	J. T. Lykes, III	111 E. Madison Street	Tampa, FL 33602
	Tom L. Rankin	111 E. Madison Street	Tampa, FL 33602