

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33601-1284
---	--

3. Date Incorporated or Qualified 10/26/1982	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2238680 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSPC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	See Attached for <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, B.T.	1.2 NAME	Additions / Changes
STREET ADDRESS	111 E MADISON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, TOM L.	2.2 NAME	
STREET ADDRESS	111 E MADISON ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, NATHAN B.	3.2 NAME	
STREET ADDRESS	111 E. MADISON STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

 **D.R. Schindler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/13/97 473-5400
Daytime Phone #

CR2E034 (9/96)

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
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	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