FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H40266

1. Corporation Name

ST. JOHNS SHIPPING CO.,INC.

Principal Place of Business / Mailing Address

360 CORPORATE WAY SUITE #2
ORANGE PARK, FL 32073

3. Date Incorporated or Qualified: 01/29/85
3a. Date of Last Report: 6/30/95

4. FEI Number: 59-2541563 — Applied For [ ] / Not Applicable [X]

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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 P.O.BOX 396
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 GREEN COVE SPRINGS, FL
Zip 24 / Country 25 CLAY	Zip 29 32073 / Country 30 CLAY

9. Name and Address of Current Registered Agent

MALDONADA, AUGUSTO
671 FREDERIC DRIVE
GREEN COVE SPRINGS, FL 32043

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: Valerie Maldonado VALERIE MALDONADO - VICE PRESIDENT — 7/1/96

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	AUGUSTO MALDONADO	
STREET ADDRESS	671 FREDERIC DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	VICE PRESIDENT	[ ] DELETE
NAME	VALERIE MALDONADO	
STREET ADDRESS	671 FREDERIC DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	DIRECTOR	[X] DELETE
NAME	DAVID PROCTOR	
STREET ADDRESS	887 N.E.18TH COURT #2	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	DIRECTOR	[ ] DELETE
NAME	TERRY GRAHAM	
STREET ADDRESS	418 GANO AVENUE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Valerie Maldonado VALERIE MALDONADO — 7/1/96 — 904-269-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #