FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000948 (1)

1. Corporation Name
FIRST COAST SHIPPERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2831 TALLEYRAND AVENUE SUITE 209 JACKSONVILLE FL 32206	2831 TALLEYRAND AVENUE SUITE 209 JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1992
3a. Date of Last Report: 10/06/1994
4. FEI Number: 59-3178207 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NUSSBAUM, WILLIAM
4811 BEACH BLVD.
SUITE 302
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1851 Executive Center Drive
83 Suite 102
84 City Jacksonville FL 85 Zip Code 32207

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
Signature, 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	OSTIN, GEORGE	1.2 NAME	GEORGE OSTIN	
STREET ADDRESS	179 PINE ST	1.3 STREET ADDRESS	5353 ARLINGTON X-WAY	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	POSTI-TAYLOR, TERRI L	2.2 NAME		
STREET ADDRESS	1539 PARENTAL HOME RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	VAINE, JOSEPH T	3.2 NAME	VAINE, JOSEPH T.	
STREET ADDRESS	3412 ROSEMARY ST.	3.3 STREET ADDRESS	11507 KELVYN GROVE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Ostin – GEORGE OSTIN 4/21/95 – 355-3400
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000193