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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P11040 (3) OCEANIC SHIPPING COMPANY OF SOUTH CAROLINA, INC. Principal Place of Business Mailing Address P.O. BOX 3147 P.O. BOX 3147 SAVANNAH GA 31402 SAVANNAH GA 31402 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1098402 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TSD TREASURER/VICE PRES-FINANCE
Change DELETE 1.1 TITLE Addition TITLE ENNIS, EDWIN L. VERNON W. CAWTHON. JR. 1.2 NAME CR2E034 NAME 1822 WILMINGTON ISLAND RD. 6002 COMMERCE BLVD. STREET ADORESS 1.3 STREET ADDRESS **SAVANNAH GA 31410** GARDEN CITY, GA. 31408 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE SECRETARY GROVES, R.W., III 22 NAME NAME CHERYL C. ELTON RT 3 BOX 483 STREET ADDRESS 23 STREET ADDRESS 310 W WHATLEY ST. SAVANNAH GA 31406 CITY-ST-ZIP 2.4 CITY-ST-ZIP POOLER GA 31322 DELETE Change Addition 3.1 TITLE TITLE DUNN. HENRY NAME 3.2 NAME 6002 COMMERCE BLVD STREET ADDRESS 3.3 STREET ADDRESS SAVANNAH GA 31408 CITY-ST-ZIP 34. CITY-ST-ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 for on an attachment with an address 3/24/98

912-9665200

FILED

Mar 27 1998 8:00am

Secretary of State