


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27553 (7)

1. Corporation Name
CAROLINA SHIPPING COMPANY, INC.

Principal Place of Business
P.O. BOX 70988
CHARS. SO. CAROLINA 29415

Mailing Address
P.O. BOX 70988
CHARS. SO. CAROLINA 29415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/03/1990
3a. Date of Last Report 03/04/1996

4. FEI Number 57-0901249
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BANJO, RICHARD
9951 ATLANTIC BLVD., SUITE 423
JACKSONVILLE FL 32225

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 *Richard Banjo* (NOT: Registered Agent signature required when reinstating) DATE *8/1/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MCCAMMON, GEORGE A.	1.2 NAME	BARBRO, PAUL L.
STREET ADDRESS	19 EAST BAY STREET	1.3 STREET ADDRESS	1810 WATER PLACE, STE 180
CITY-ST-ZIP	SAV. GA	1.4 CITY-ST-ZIP	ATLANTIA, GA 30339
TITLE	ST	2.1 TITLE	
NAME	MCDONALD, W. LEE	2.2 NAME	
STREET ADDRESS	1084 GARDNER ROAD, SUITE 312	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARS SC	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *W. Lee McDonald* 8-21-97 803-7695531

CR2E034 (4/97)