FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38236** **(6)**

1. Corporation Name

PALMETTO SHIPPING AND STEVEDORING CO., INC.

Principal Place of Business	Mailing Address
ONE SAINT LOUIS ST. MOBILE AL 36602	ONE SAINT LOUIS ST. MOBILE AL 36602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 3415 11th Avenue S.W.
4. FEI Number: 52-1775345 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28): Seattle, WA
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29): 98134 Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ 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	~~PDC~~	11 TITLE	P ☒ Change ☐ Addition
NAME	~~MCCARRON, JOHN~~	12 NAME	John L. McCarron Jr.
STREET ADDRESS	~~ONE SAINT LOUIS ST.~~	13 STREET ADDRESS	One Saint Louis Centre
CITY-ST-ZIP	~~MOBILE AL 36602~~	14 CITY-ST-ZIP	Mobile, AL 36602
TITLE	~~VPTD~~	21 TITLE	ST ☐ Change ☒ Addition
NAME	~~WAGSTAFF, D. III~~	22 NAME	Jon Heaningway
STREET ADDRESS	~~1515 POYDRAS ST.~~ Delete	23 STREET ADDRESS	3415 11th Avenue S.W.
CITY-ST-ZIP	~~NEW ORLEANS LA 70112~~	24 CITY-ST-ZIP	Seattle, WA 98134
TITLE	~~VAS~~	31 TITLE	VP ☐ Change ☒ Addition
NAME	~~LYONS, JAMES M~~	32 NAME	Claude Strickmaker
STREET ADDRESS	~~ONE SAINT LOUIS ST.~~ Delete	33 STREET ADDRESS	3415 11th Avenue S.W.
CITY-ST-ZIP	~~MOBILE AL 36602~~	34 CITY-ST-ZIP	Seattle, WA 98134
TITLE	~~VP~~	41 TITLE	VP ☐ Change ☒ Addition
NAME	~~HENKE, C.J. JR~~	42 NAME	Charlie Sadoski
STREET ADDRESS	~~SIX PPG PLACE SUITE 4800~~ Delete	43 STREET ADDRESS	3415 11th Avenue
CITY-ST-ZIP	~~PITTSBURGH PA 15222~~	44 CITY-ST-ZIP	Seattle, WA 98134
TITLE	~~D~~	51 TITLE	☐ Change ☐ Addition
NAME	~~MAYBANK, DAVID J~~	52 NAME	
STREET ADDRESS	~~ONE CORDES STREET~~ Delete	53 STREET ADDRESS	
CITY-ST-ZIP	~~CHARLESTON SC~~	54 CITY-ST-ZIP	
TITLE	~~ST~~	61 TITLE	☐ Change ☐ Addition
NAME	~~ROLAND, LARRY J.~~	62 NAME	
STREET ADDRESS	~~1004 TRIDENT STREET~~ DELETE	63 STREET ADDRESS	
CITY-ST-ZIP	~~HANAHAN SC~~	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Sr. V.P. 4-27-95 (206) 623-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471604 FP