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 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P92000001772 (2)

1. Corporation Name

S & S MARITIME, INC.

Principal Place of Business	Mailing Address
~~2970 OAK STREET~~ ~~JACKSONVILLE FL 32207~~ 8855 Waterfront Terrace JAX FL 32217	8855 WATERFRONT TERRACE JACKSONVILLE FL 32217 US

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3148846 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8855 WATERFRONT TERRACE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FLA	City & State 28
Zip 24 32217 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

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	D	1 1 TITLE	☒ Change ☐ Addition
NAME	TUREMAN, NOWSHIN S	1 2 NAME	
STREET ADDRESS	2970 OAK STREET	1 3 STREET ADDRESS	Delete N. Tureman, no longer
CITY-ST-ZIP	JACKSONVILLE FL 32205	1 4 CITY-ST-ZIP	a director.
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	PALMER, ROSALIND S	2 2 NAME	
STREET ADDRESS	8855 WATERFRONT TERRACE	2 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	VICE PRESIDENT (NELMS) ☐ Change ☒ Addition
NAME		3 2 NAME	MICHAEL NELMS
STREET ADDRESS		3 3 STREET ADDRESS	11074 LOSCO JUNCTION
CITY-ST-ZIP		3 4 CITY-ST-ZIP	Jacksonville, Fla. 32257
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)(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: Rosalind S. Palmer 4-28-95 (904) 731-9558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROSALIND S. PALMER

0019800 CF