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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:33

DOCUMENT # **P93000085891 (8)**

1. Corporation Name
JAX SHIPHANDLING, INC.

Principal Place of Business	Mailing Address
10623 OAK CREST DR JACKSONVILLE FL 32225	10623 OAK CREST DR JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 10164 FT. CAROLINE RD.	26 10164 FT. CAROLINE RD.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32225	Country 25 ~~Out~~
Zip 29 32225	Country 30

4. FEI Number: 59-3217485 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLEMMONS, ASHLEY D II 10623 OAK CREST DR JACKSONVILLE FL 32225	81 Name: CLEMMONS, ASHLEY D. II 82 Street Address (P.O. Box Number is Not Acceptable): 10164 FT. CAROLINE RD. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32225

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: ASHLEY D. CLEMMONS, II — DATE: 3-9-95
(Signature, typed or printed name of registered agent, and title if applicable) (Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PST ☒ Change ☐ Addition
NAME	CLEMMONS, ASHLEY D II	12 NAME	CLEMMONS, ASHLEY D. II
STREET ADDRESS	10623 OAK CREST DRIVE	13 STREET ADDRESS	10164 FT. CAROLINE RD
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32225
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LAMOUREUX, NANCY L	22 NAME	
STREET ADDRESS	3142 LAKESHORE BLVD	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 added by an attachment with an address.

SIGNATURE: X Ashley D. Clemmons II — 3-9-95 — (904)642-2971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASHLEY D. CLEMMONS, II