

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000085891 (8)

1. Corporation Name

JAX SHIPHANDLING, INC.



Principal Place of Business

10164 FT. CAROLINE ROAD  
JACKSONVILLE FL 32225  
US

Mailing Address

10164 FT. CAROLINE ROAD  
JACKSONVILLE FL 32225  
US

3. Date Incorporated or Qualified  
12/13/1993

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

CLEMMONS, ASHLEY D II  
10164 FT. CAROLINE ROAD  
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

Signature, typed or printed name of registered agent and the applicable

(901). Registered Agent signature to be used for filing

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST  
CLEMMONS, ASHLEY D II  
10164 FT. CAROLINE ROAD  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
LAMOUREUX, NANCY L  
3142 LAKESHORE BLVD  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST  
Clemmons, Ashley D. II  
10164 Ft. Caroline Rd.  
Jacksonville, FL 32225

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
McFauls, Nancy L  
3142 Lakeshore Blvd.  
Jacksonville, FL 32210

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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27. TITLE NAME STREET ADDRESS 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-4-96 (904) 612-2974  
Date Daytime Phone #

CR2E034 (12/95)