


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3217485		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
1 Name		1	
2 Street Address (P.O. Box Number is Not Acceptable)		2	
3		3	
4 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 title if applicable (NOTE: Registered agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PST	<input type="checkbox"/> DELETE				1.1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	CLEMMONS, ASHLEY D II					1.2					
STREET ADDRESS	10164 FT. CAROLINE ROAD					1.3	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL					1.4	CITY-ST-ZIP 32225				
TITLE	VP	<input type="checkbox"/> DELETE				2.1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MCFAULS, NANCY L					2.2					
STREET ADDRESS	3142 LAKESHORE BLVD					2.3	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL					2.4	CITY-ST-ZIP 32210				
TITLE		<input type="checkbox"/> DELETE				3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						3.2					
STREET ADDRESS						3.3	STREET ADDRESS				
CITY-ST-ZIP						3.4	CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE				4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						4.2					
STREET ADDRESS						4.3	STREET ADDRESS				
CITY-ST-ZIP						4.4	CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE				5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						5.2					
STREET ADDRESS						5.3	STREET ADDRESS				
CITY-ST-ZIP						5.4	CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE				6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						6.2					
STREET ADDRESS						6.3	STREET ADDRESS				
CITY-ST-ZIP						6.4	CITY-ST-ZIP				

14. I 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 in an attachment with an address.

SIGNATURE: X  A.P. CLEMMONS JR. (PRES.) X 1-30-98 X 904-642-2974

CR2E034 (10/97)