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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 691693

(6)

TRINITY-TRIDENT CORPORATION

FILED

Apr 25 1997 8:00am

Secretary of State

Principal Place of Business 8310 WARING ROAD PENSACOLA FL 32534 US		Mailing Address					
		9310 WARING ROAD PENSACOLA FL 32534-9384 US					
		00			3. Date Incorporated or Qualified 06/23/1981	3a. Date of 04/25/19	•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-2113210 Not Appli		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional	
22		[27]					ee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23	Country	28	T		Trust Fund Contribution		dded to Fees
Zip	}	Zip	1	untry	8. This corporation has liability for	intangible tax ui] Yes - [] No	nder s. 199.032,
24	25 9. Name and Address of Currer	29	30	т	Florida Statutes 10. Name and Address of New Re		
OIO.	ONNOR, CHRISTINE K.	in riogistorou Agunt		81 Name _	Provide A. Common and the London Service and Alexander Landing	giotorea Agein	
	O CREIGHTON ROAD (1/3)			`	Beverly A. C∞ley		
	ISACOLA, 32504				ddress (P.O. Box Number is Not Acceptable)		
FCN	ISAUULA, SESUI			83	255 Patrick Lane		
				84 City	Pensacola	FL 85	Zip Code 32526
11 Divouest	to the provisions of Sections 607.016	19 and 607 1600 Electe	la Ctatutae the s				
office or r	egistered agent, or both, in the State	of Florida. Such chan	ge was authorize	ed by the corpora	poration submits this statement for the p tion's board of directors. Thereby accep	of the appointment	ging its registered orit as registered
	im familiar with, and accept the oblig	ations of, Section 607.	0505, Florida Sta	ilules.	4/3	23/97	•
SIGNATURE	Signalure, typed or printed of registeria again	Cookey	(Kichi) - Di salara	ed Agent signature requi	·	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	CPT	DE		The second second			
NAME	KROHN, GEORGE B		121				J
STREET ADDRESS	2744 SANTA ROSA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LILLIAN AL			CITY-ST-ZIP			
TITLE	DVS	30 🔲					nange Addition
NAME	KROHN, PHYLLIS G.	L 17(221				⇒ .go ☐ nao (loi)
STREET ADDRESS	2744 SANTA ROSA DRIVE			STREET ADDRESS	•		
	ULLIAN AL		H				
CITY-ST-ZIP TITLE	DV	DE		CITY - ST - ZIP			nange Addition
NAME	O'CONNOR, CHRISTINE K.		321			- U	mage
STREET ADDRESS	3500 CREIGHTON ROAD		•				
	PENSACOLA FL			STREET ADDRESS			
CITY-ST-ZIP TITLE	ISHONOUNIE	DE DE		CITY - ST - 7IP		. T ci	nange Addition
NAME						ں رہے	iengo 🔲 Zutitititi
				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DE		DITY-ST-ZIP			nanna Addition
TIFLE		וינ וינ				اليا ليا	nange 🔲 Addition
NAME			5.2 M				
STREET ADDRESS			4	STREET ADDRESS			
CITY-ST-ZIP				CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DE				☐ CI	nange Addition
NAME			6.2 N	AME			
STREET ADDRESS			635	STREET ADORESS			
CITY-ST-ZIP			640	C(1Y - S1 - 7(P			

do 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 controlled in 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 thanged, or on an attachings twith an appears.