FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **696213** **(8)**

1. Corporation Name

TRIMSHIP, INC.

Principal Place of Business	Mailing Address
~~3583 NORTHWEST FEDERAL HIGHWAY~~ ~~JENSEN BEACH FL 34957-4454~~ ~~US~~	~~3583 NORTHWEST FEDERAL HIGHWAY~~ ~~JENSEN BEACH FL 34957-4454~~ ~~US~~

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business
21: 619 SE HARBOR VIEW DR
22: Suite, Apt. #, etc
23: PORT ST LUCIE
24: 34983-2703
25: Country: ST LUCIE

2a. Mailing Address
26: 619 SE HARBOR VIEW DR
27: Suite, Apt. #, etc
28: PORT ST LUCIE
29: 34983-2703
30: Country: ST LUCIE

4. FEI Number: 59-2115536 ☐ 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

COOK, NICOLE C. PRESIDENT
~~3583 NORTHWEST FEDERAL HIGHWAY~~ 619 SE HARBOR VIEW DR
~~JENSEN BEACH FL 34957~~ PORT ST LUCIE FL
34983-2703

10. Name and Address of New Registered Agent

81 Name: COOK, DONALD L V.P.
82 Street Address (P.O. Box Number is Not Acceptable): 619 SE HARBOR VIEW DR
83:
84 City: PORT ST LUCIE FL 85 Zip Code: 34983-2703

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: DONALD L. COOK Donald L Cook V.P. 30 MAY 96
Signature, typed or printed name of Registered Agent and title if applicable (Required) | Signature of New Registered Agent, if changing (Required for Filing) | DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOK, NICOLE		1.2 NAME		
STREET ADDRESS	619 HARBOR VIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	~~PV~~ V P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOK, DONALD		2.2 NAME		
STREET ADDRESS	619 HARBOR VIEW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Donald L Cook V.P. 30 MAY 1996 407-878-1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #