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Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760771 (6)

1. Corporation Name

U.S.S. KIDD ASSOCIATION, INC., DESTROYER SQUADRO  
N 48

Principal Place of Business

1017 WREN AVE  
FT PIERCE FL 34982  
US

Mailing Address

1917 WREN AVE  
FT PIERCE FL 34982-5634  
US3. Date Incorporated or Qualified  
11/17/19813a. Date of Last Report  
02/07/19964. FEI Number  
36-2541073Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

GATH, WILLIAM  
1917 WREN AVENUE  
FT PIERCE FL 34982

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE D ☒ DELETE  
NAME MCGINNIS, JAMES J.  
STREET ADDRESS 7728 GEN SHERIDAN LANE  
CITY - ST - ZIP ST. LOUIS MOTITLE D ☐ DELETE  
NAME MILLS, EDWARD  
STREET ADDRESS 222 CRESTVIEW DR  
CITY - ST - ZIP THOMASVILLE NCTITLE SD ☐ DELETE  
NAME BOOSE, HERBERT L.  
STREET ADDRESS 9705 PORTIS ROAD  
CITY - ST - ZIP PHILADELPHIA PATITLE D ☐ DELETE  
NAME YARLING, RICHARD  
STREET ADDRESS 729 N PENNSYLVANIA  
CITY - ST - ZIP INDIANAPOLIS INTITLE D ☐ DELETE  
NAME CARNS, FREDERICK W  
STREET ADDRESS 508 OHIO AVE  
CITY - ST - ZIP GLASSPORT PATITLE PD ☐ DELETE  
NAME KRISS, DANIEL  
STREET ADDRESS 905 GRANT ST  
CITY - ST - ZIP HERNDON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE TSD ☒ Change ☐ Addition  
2.2 NAME MILLS, EDWARD  
2.3 STREET ADDRESS 222 CRESTVIEW DRIVE  
2.4 CITY - ST - ZIP THOMASVILLE, NC 27360-32023.1 TITLE V ☒ Change ☐ Addition  
3.2 NAME BOOSE, HERBERT L  
3.3 STREET ADDRESS 966 W. MCNAB ROAD  
3.4 CITY - ST - ZIP TAMARAC, FL 333214.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward R. Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071530

CR2E037 (9/96)