

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 # 856385 (0)

1. Corporation Name

NEWPORT NEWS INDUSTRIAL CORPORATION



Principal Place of Business

700 THIMBLE SHOALS BLVD.
SUITE 108
NEWPORT NEWS VA 23606
US

Mailing Address

700 THIMBLE SHOALS BLVD.
SUITE 108
NEWPORT NEWS VA 23606
US

3. Date Incorporated or Qualified

05/10/1983

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

54-0793624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

COB PHILLIPS, JR., WILLIAM R ☒ DELETE

4101 WASHINGTON AVE.

NEWPORT NEWS VA

CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VPD BRADBURN, THOMAS J. ☐ DELETE

4101 WASHINGTON AVE

NEWPORT NEWS VA

CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D FRICKS, WILLIAM P ☒ DELETE

4101 WASHINGTON AVE

NEWPORT NEWS VA

CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

S CLARKSON, STEPHEN B. ☐ DELETE

4101 WASHINGTON AVE

NEWPORT NEWS VA

CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TC SHERWOOD, GEORGE R. ☐ DELETE

700 THIMBLE SHOALS 113

NEWPORT NEWS VA

CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P ESHELMAN, ROGER M ☒ DELETE

4101 WASHINGTON AVE

NEWPORT NEWS VA

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

CHAIRMAN OF BOARD ☒ Change ☐ Addition

FRICKS, WILLIAM P

4101 WASHINGTON AVE.

NEWPORT NEWS, VA. 23607

☐ Change ☐ Addition

DIRECTOR ☐ Change ☒ Addition

SCHIEVELBEIN, THOMAS C.

4101 WASHINGTON AVE.

NEWPORT NEWS, VA. 23607

☐ Change ☐ Addition

PRESIDENT AND DIRECTOR ☐ Change ☒ Addition

PALMER, JAMES A.

4101 WASHINGTON AVE.

NEWPORT NEWS, VA. 23607

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:

G R Sherwood

4/24/96

804-380-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)