FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 11 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J71723 (7)

1. Corporation Name
TRIDENT CONTAINER SERVICES INC.

Principal Place of Business	Mailing Address
% RICHARD K. JONES 501 WEST BAY ST. JACKSONVILLE FL 32202	% RICHARD K. JONES 501 WEST BAY ST. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2857673 ☐ 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

JONES, RICHARD K.
501 WEST BAY ST.
JACKSONVILLE FL 32202

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	DV	☒ Change ☐ Addition
NAME	OUTERBRIDGE, HERBERT H.	12 NAME	Lewis, Robert S	
STREET ADDRESS	99 FRONT ST. BOX HM838	13 STREET ADDRESS	99 Front Street, Box HM 838	
CITY-ST-ZIP	HAMILTON 5, BERMUDA	14 CITY-ST-ZIP	Hamilton 5, Bermuda	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	DARRELL, GILBERT O.	22 NAME		
STREET ADDRESS	99 FRONT ST. BOX HM838	23 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON 5, BERMUDA	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE	DV	☒ Change ☐ Addition
NAME	PETTY, E. LLEWELYN	32 NAME	Baptiste, Raymond	
STREET ADDRESS	99 FRONT ST., BOX HM838	33 STREET ADDRESS	99 Front Street, Box HM 838	
CITY-ST-ZIP	HAMILTON 5, BERMUDA	34 CITY ST ZIP	Hamilton 5, Bermuda	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MILLER, JACK	42 NAME		
STREET ADDRESS	2701 TALLEYRAND AVE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	DVS	51 TITLE		☐ Change ☐ Addition
NAME	WATKINS, SPOTSWOOD B	52 NAME		
STREET ADDRESS	2661 BAILEY RD	53 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE		☐ Change ☐ Addition
NAME	DE RUITER, MAARTEN L	62 NAME		
STREET ADDRESS	19 RECTOR STR	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP		

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)(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 on any attachment with an address.

SIGNATURE: S. B. Watkins April 5, 1995 904/261-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. B. Watkins

001870 CP