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 # **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

3. Date Incorporated or Qualified: **05/08/1987**
3a. Date of Last Report: **04/11/1995**

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

800001748353
-03/19/96--01017--041
***200.00

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	LEWIS, ROBERT S		1.2 NAME	LEWIS, ROBERT S.	
STREET ADDRESS	99 FRONT STREET BOX HM 838		1.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	HAMILTON 5 BE		1.4 CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA	
TITLE	DP	☐ DELETE	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	DARRELL, GILBERT O.		2.2 NAME	DARRELL, GILBERT O.	
STREET ADDRESS	99 FRONT ST. BOX HM838		2.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	HAMILTON 5, BERMUDA		2.4 CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA	
TITLE	DV	☐ DELETE	3.1 TITLE	D/V	☒ Change ☐ Addition
NAME	BAPTISTE, RAYMOND		3.2 NAME	BAPTISTE, RAYMOND	
STREET ADDRESS	99 FRONT STREET, BOX HM 838		3.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	HAMILTON 5 BE		3.4 CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, JACK		4.2 NAME	MILLER, JACK	
STREET ADDRESS	2701 TALLEYRAND AVE		4.3 STREET ADDRESS	11012 LEMOYNE CT.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
TITLE	DVS	☐ DELETE	5.1 TITLE	D/V/S	☒ Change ☐ Addition
NAME	WATKINS, SPOTSWOOD B		5.2 NAME	WATKINS, SPOTSWOOD B.	
STREET ADDRESS	2661 BAILEY RD		5.3 STREET ADDRESS	2661 BAILEY RD.	
CITY-ST-ZIP	FERNANDINA BCH FL		5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL. 32034	
TITLE	DV	☐ DELETE	6.1 TITLE	D/V	☒ Change ☐ Addition
NAME	DE RUITER, MAARTEN L		6.2 NAME	DE RUITER, MAARTEN L.	
STREET ADDRESS	19 RECTOR STR		6.3 STREET ADDRESS	19 RECTOR ST., STE 2803	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	NEW YORK, N.Y. 10006	

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: Spotswood B. Watkins SPOTSWOOD B. WATKINS D/V/S 1/26/96 800-865-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #