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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71723

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 Qualifed: 05/08/1987

4. FEI Number: 59-2857673 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2663 Bailey Road	26 P.O. Box 1565
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fernandina Beach, Fla.	City & State 28 Fernandina Beach, Fla.
Zip / Country 24 32034 25 U.S.A.	Zip / Country 29 32035 30 U.S.A.

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: JACK MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 2663 BAILEY ROAD
83
84 City: FERNANDINA BEACH, FL 85 Zip Code: 32034

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: JACK MILLER, DIRECTOR — FEBRUARY 24, 1999
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 P	☒ Change ☐ Addition
NAME	LEWIS, ROBERT S		1.2 NAME	BAPTISTE, RAYMOND	
STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE		1.3 STREET ADDRESS	14 PAR LA VILLE, PAR VILLE PLACE	
CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA BE		1.4 CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	DP	☒ DELETE	2.1 TITLE	D V	☒ Change ☐ Addition
NAME	DARRELL, GILBERT O.		2.2 NAME	DARRELL, GILBERT O.	
STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE		2.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA		2.4 CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	DV	☒ DELETE	3.1 TITLE	D S	☐ Change ☒ Addition
NAME	BAPTISTE, RAYMOND		3.2 NAME	FRITH, GEOFFREY	
STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE		3.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	HAMILTON, HMJX, BERMUDA BE		3.4 CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MILLER, JACK		4.2 NAME	DE RUITER, MAARTEN L	
STREET ADDRESS	11012 LEMOYNE CT.		4.3 STREET ADDRESS	19 RECTOR STREET, SUITE 2803	
CITY-ST-ZIP	JACKSONVILLE FL 32225		4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10004	
TITLE	S	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	KEEN, JOYCE P.		5.2 NAME	LEWIS, ROBERT	
STREET ADDRESS	2661 BAILEY RD		5.3 STREET ADDRESS	14 PAR LA VILLE, PAR LA VILLE PLACE	
CITY-ST-ZIP	FERNANDINA BCH FL		5.4 CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	DV	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	DE RUITER, MAARTEN L		6.2 NAME	MILLER, JACK	
STREET ADDRESS	19 RECTOR ST., STE 2803		6.3 STREET ADDRESS	11012 LEMOYNE CT.	
CITY-ST-ZIP	NEW YORK NY 10006		6.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32225	

CR2E034 (11/98)

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK MILLER, DIRECTOR — FEBRUARY 24, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #