

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90008 050 \*\*\*150.00

DOCUMENT # **K84981**

1. Corporation Name  
**TRIDENT MANAGEMENT GROUP, INC.**

Principal Place of Business  
7575 DR PHILLIPS BLVD STE 310  
ORLANDO FL 32819-7262

Mailing Address  
7575 DR PHILLIPS BLVD STE 310  
ORLANDO FL 32819-7262



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1989**

4. FEI Number

**59-2956204**

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARGADON, E WADE**  
**7575 DR PHILLIPS BLVD**  
**SUITE 310**  
**ORLANDO FL 32819**

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

*E. Wade Hargadon*  
Signature, typed or printed name of registered agent and title if applicable

**E. WADE HARGADON**

(NOTE: Registered Agent signature required when reinstating)

DATE

**APRIL 29, 1999**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **HARGADON, E. WADE**  
CITY-ST-ZIP **7575 DR PHILLIPS BLVD**  
**ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **CFO**  
STREET ADDRESS **LYNCH, KARA H**  
CITY-ST-ZIP **7575 DR PHILLIPS BLVDS**  
**ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **LYNCH, JAMES CRAIG**  
CITY-ST-ZIP **7575 DR PHILLIPS BLVD**  
**ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*E. Wade Hargadon*  
Signature, typed or printed name of signing officer or director

**E. WADE HARGADON**

**4/29/99**  
Date

**(407) 845-9400**  
Daytime Phone #

CR2E034 (11/98)