FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31630** **(9)**

1. Corporation Name
USS TRENTON (CL-11) REUNION, INCORPORATED

Principal Place of Business	Mailing Address
% WILLIAM H. GRANT, III 859 PARK AVENUE, SUITE 104 ORANGE PARK FL 32073	% WILLIAM H. GRANT, III 859 PARK AVENUE, SUITE 104 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1989
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2943388 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GRANT (WILLIAM H.), III
659 PARK AVENUE
SUITE 104
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	HEFFERMAN, FRANK	1.2 NAME	
STREET ADDRESS	302 S. GRANT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILBANK S.	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	COPELAND, ADDIE	2.2 NAME	
STREET ADDRESS	PO BOX 893 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	YELM WA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LENNOX, ALEZANDER	3.2 NAME	
STREET ADDRESS	324 DEVONSHIER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTON, F.L.	4.2 NAME	
STREET ADDRESS	1416 FOURTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST OKOBOJI IA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BALFOUR, SUE	5.2 NAME	
STREET ADDRESS	PO BOX 8412 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOVER WA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, FRANK O.	6.2 NAME	
STREET ADDRESS	3403 LEES AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BCH CA	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/5/95 904-272-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALEXANDER Lennox DIRECTOR

0000178