


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N31630 (9)**  
1. Corporation Name  
**USS TRENTON (CL-11) REUNION, INCORPORATED**



|   |   |
|---|---|
| Principal Place of Business<br><b>% WILLIAM H. GRANT, III<br/>859 PARK AVENUE, SUITE 104<br/>ORANGE PARK FL 32073</b> | Mailing Address<br><b>% WILLIAM H. GRANT, III<br/>859 PARK AVENUE, SUITE 104<br/>ORANGE PARK FL 32073</b> |
|---|---|

3. Date Incorporated or Qualified  
**04/10/1989**

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>59-2943388</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

|   |                       |
|---|-----------------------|
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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           | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME            | <b>BALFOUR, JAY</b>            |  |
| STREET ADDRESS  | <b>P.O. BOX 84122 (NA)</b>     |  |
| CITY - ST - ZIP | <b>VANCOUVER WA 98684-0122</b> |  |
| TITLE           | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>LENNOX, ALEZANDER</b>       |  |
| STREET ADDRESS  | <b>324 DEVONSHIER LANE</b>     |  |
| CITY - ST - ZIP | <b>ORANGE PARK FL</b>          |  |
| TITLE           | <b>P</b>                       | <input type="checkbox"/> DELETE            |
| NAME            | <b>MORTON, F.L.</b>            |  |
| STREET ADDRESS  | <b>1416 FOURTH STREET</b>      |  |
| CITY - ST - ZIP | <b>WEST OKOBOJI IA</b>         |  |
| TITLE           | <b>S</b>                       | <input type="checkbox"/> DELETE            |
| NAME            | <b>BALFOUR, SUE</b>            |  |
| STREET ADDRESS  | <b>PO BOX 84122 N/A</b>        |  |
| CITY - ST - ZIP | <b>VANCOUVER WA</b>            |  |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME            | <b>SPENCER, FRANK O.</b>       |  |
| STREET ADDRESS  | <b>3403 LEES AVE</b>           |  |
| CITY - ST - ZIP | <b>LONG BCH CA</b>             |  |
| TITLE           |                                | <input type="checkbox"/> DELETE            |
| NAME            |                                |  |
| STREET ADDRESS  |                                |  |
| CITY - ST - ZIP |                                |  |

|                     |  |  |
|---------------------|--|--|
| 1.1 TITLE           | <b>Belfour, Jay</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>PO BOX 84122 N/A</b>                  |  |
| 1.3 STREET ADDRESS  | <b>VANCOUVER WA 98684-0122</b>           |  |
| 1.4 CITY - ST - ZIP |  |  |
| 2.1 TITLE           | <b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>Edmund B. Curtin</b>                  |  |
| 2.3 STREET ADDRESS  | <b>1713 Dewitt Ave.</b>                  |  |
| 2.4 CITY - ST - ZIP | <b>Capitol Hills Hts, Md. 20743-5909</b> |  |
| 3.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |  |
| 3.3 STREET ADDRESS  |  |  |
| 3.4 CITY - ST - ZIP |  |  |
| 4.1 TITLE           | <b>BALFOUR, SUE</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>PO BOX 84122 N/A</b>                  |  |
| 4.3 STREET ADDRESS  | <b>VANCOUVER WA 98684-0122</b>           |  |
| 4.4 CITY - ST - ZIP |  |  |
| 5.1 TITLE           | <b>OT</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | <b>FRANK O. SPENCER R</b>                |  |
| 5.3 STREET ADDRESS  |  |  |
| 5.4 CITY - ST - ZIP |  |  |
| 6.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SYNETH S BALFOUR (Sue)** Secty 21 MARCH 1998 (360) 254-4429

CR2E037 (10/97)