

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 # P93000059341 (6)

1. Corporation Name

DOE & INGALLS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

DOE & INGALLS OF FLORIDA, INC.
9940 CURRIE DAVIS DR SUITE C-16
TAMPA FL 33619
US

DOE & INGALLS OF FLORIDA, INC.
9940 CURRIE DAVIS DR. SUITE C-16
TAMPA FL 33619
US

3. Date Incorporated or Qualified

08/20/1993

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3200300

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAS, MICHAEL R
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

Signature typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MERRICK, THOMAS P
STREET ADDRESS 607 ELLIS RD
CITY-STATE-ZIP DURHAM NC 27703

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

TITLE D ☐ DELETE
NAME ELMO, JOHN J
STREET ADDRESS 607 ELLIS RD
CITY-STATE-ZIP DURHAM NC 27703

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

TITLE D ☐ DELETE
NAME LIEBMAN, BURTON R
STREET ADDRESS 7 WAINWRIGHT RD
CITY-STATE-ZIP WINCHESTER MA

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

TITLE D ☐ DELETE
NAME LIEBMAN, LARRY J
STREET ADDRESS 110 BRYANT RD
CITY-STATE-ZIP JAFFREY NH

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

TITLE D ☐ DELETE
NAME HODGES, JOHN F
STREET ADDRESS 6103 RAIN BRIAR CT
CITY-STATE-ZIP TEMPLE TERRACE FL 33617

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

TITLE D ☐ DELETE
NAME FELL, JAMES R
STREET ADDRESS 3601 SHADOWOOD DR
CITY-STATE-ZIP VALRICO FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

John F. Hodges

John F. Hodges

4/15/96

(813) 622-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)