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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
DOE & INGALLS OF FLORIDA, INC.
9940 CURRIE DAVIS DR. SUITE C-16
TAMPA FL 33619-2669
US

3. Date Incorporated or Qualified
08/20/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite Apt # etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-3200300

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

9. Name and Address of Current Registered Agent

LEAS, MICHAEL R
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRICK, THOMAS P	1.2 NAME	
STREET ADDRESS	607 ELLIS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27703	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMO, JOHN J	2.2 NAME	
STREET ADDRESS	607 ELLIS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27703	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBMAN, BURTON R	3.2 NAME	
STREET ADDRESS	7 WAINWRIGHT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBMAN, LARRY J	4.2 NAME	
STREET ADDRESS	110 BRYANT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAFFREY NH	4.4 CITY-ST-ZIP	
TITLE	PT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, JOHN F	5.2 NAME	
STREET ADDRESS	6103 RAIN BRIAR CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELL, JAMES R	6.2 NAME	
STREET ADDRESS	3601 SHADOWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

JOHN F. HODGES
JOHN F. HODGES

4/22/97

813-622-8824

CR2E034 (9/96)