

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

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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90090 015 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000059341

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1993

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

CR2E034 (11/98)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

(813) 622-8824

Daytime Phone #