## 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

V05759 DOCUMENT #

1. Corporation Name

(8)

TRIDENT SHIPWORKS INCORPORATED

Principal Place	of Business	Mailing Address			9 INVENTION BEAU ALDRE DIGIT AFAIT DEFIT INDE
5201 WEST TYSON AVE. TAMPA FL 33611 US		5201 WEST TYSON AVE. TAMPA FL 33611 US			
				3. Date Incorporated or Qualified 01/10/1992	3a. Date of Last Report 02/17/1995
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
1 5224	WEST TYSAN HYE	26 5 22 1 West	TYSON AN	59-3104270	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	_ L1	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
3 lam	Country	28 lampa, t	Country	8. This corporation has liability for	Added to Fees
334	25 H. 115 bears)	29 33611	30 Hilbarou	<i>n</i>	s
11 2 2 2 1	9. Name and Address of Current F	<u> </u>		10. Name and Address of New	Registered Agent
000000	17701 INCODE 117101 0001000		81 Name		
1201 HA	ATION INFORMATION SERVICES I	INC.	82 Street Add	ress (P.O. Box Number is Not Accepta	ble;
	SSEE FL 32301		83		
***********			101		
			84 Oily		FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607.0502 ar od agent, or both, in the State of Florida. h, and accept the obligations of, Section	Such change was authorized	the above named corporation's boa	ration stitutes this statement for the pr ard of directors. Thereby accept the app	npose of changing its registered office nontrinent as registered agent. Fam
SIGNATURE _	Signature, typod or printed name of registered agent and	d title if applicable (NOT)	: Registored Agent signature require		DATE
12.	OFFICERS AND I		13.	the second secon	FICERS AND LYRECTORS IN 12
TITLE	DP	☐ DELETE	3.1 TIFLE	resident som over	<b>IY</b> , Change ☐ Addition
NAME	NICHOLS, STEPHEN R. 5201 WEST TYSON AVE.		1.2 NAME	ichols, STEPHEN	V K.
STREET ADDRESS	TAMPA FL			ABI GEST TOUS	27 - 1)
CITY-S1-ZIP	TAMEA EL	DELETE	1.4 C/1Y - S1 - Z/P 2 1 T//LE	rampa, 61 =	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - 7IP		
TIBLE		☐ DELETE	3 1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY+ST+ZIP			3.4 CITY - ST - 7IP	. ,	·
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		E3 build	4 4 CITY - ST - ZIP	· ·	Change C Addition
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME PERSON ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CTY-ST-ZIP TITLE	the state of the s	DELETE	6 1 TITLE		Change Addition
NAME		Detter	6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. I do hereb	t y certify that the information supplied wit	h this filing is voluntarily furnis	hed and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
certify that	the information indicated on this annual I am an officer or director of the sorpora Block 12 or Block 13 (changed or on	report or supplemental annua	al report is true and accur	ate and that my signature shall have th	e same logal effect as if made under

SIGNATURE:

3/20/96 813-839-515)