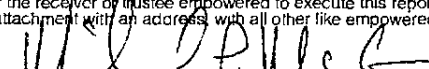


FILED

Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003863 1. Entity Name T-28 TROJAN, INC. 		Mar 12, 2004 08:00 A Secretary of State	
Principal Place of Business 6600 TICO ROAD TITUSVILLE, FL 32780 Mailing Address 6600 TICO ROAD TITUSVILLE, FL 32780		 01162004 No Chg-NP CR2E037 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3593930 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, R. PATRICK ESQ. 200 NORTH THORNTON AVENUE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees 00000008E150 03/12/04-80012-020 61.25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	FRAZIER, ROBERT		
STREET ADDRESS	625 FLOTILLA LANE		
CITY-ST-ZIP	N PALM BEACH, FL 35608		
TITLE	VD		
NAME	LLOYD, J. MORRIS		
STREET ADDRESS	1711 JUNIPER DRIVE		
CITY-ST-ZIP	EDGEWATER, FL 32132		
TITLE	TD		
NAME	MCCANN, MICHAEL P		
STREET ADDRESS	3208 CALGARY ST		
CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 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 MICHAEL P. MCCANN 2/14/04 (321)268-1941 Date Daytime Phone #			