FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT ~~1997~~/1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V53136 (0)

1. Corporation Name
TRINITY PARTNERS, INC.

Principal Place of Business	Mailing Address
8375 DIX ELLIS TRAIL	8375 DIX ELLIS TRAIL
#104	#104
JACKSONVILLE FL 32256	JACKSONVILLE FL 32256-8281

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 12/26/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3198939 ☐ 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

9. Name and Address of Current Registered Agent

~~ENOCKS,~~ SANDRA L ENOCHS
8375 DIX ELLIS TRAIL
#104
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BEELER, PARK L	
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	☐ DELETE
NAME	COOK, JOHN E	
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVT	☐ DELETE
NAME	MOSELEY, W. PAUL	
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	☐ DELETE
NAME	~~ENOCKS~~, SANDRA L. ENOCHS	
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	200002503722	☐ Change ☐ Addition
4.2 NAME	-04/28/98--01103--007	
4.3 STREET ADDRESS	***1111.25	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	4/20	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SANDRA L. ENOCHS 4/20/98

SIGNATURE: [signature] 4/23/98 (904) 363-1384