

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 28 1996 8:00 am  
Secretary of State

**DOCUMENT # 712073 (6)**

1. Corporation Name

**TRINITY TOWERS, INC.**

Principal Place of Business

Mailing Address

**650 E. STRAWBRIDGE AVENUE  
MELBOURNE FL 32901**

**650 E. STRAWBRIDGE AVENUE  
MELBOURNE FL 32901**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1967</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-6197618</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, JAMES M  
8021 PINE NEEDLE LN  
W MELBOURNE FL 32904**

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOYER, ALEX W</b>	1.2 NAME	<b>WHITLEY, BARBARA</b>
STREET ADDRESS	<b>633 E. MELBOURNE AVE.</b>	1.3 STREET ADDRESS	<b>2078 MINTON ROAD</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>W. MELBOURNE, FL 32904</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THORNBURG, WILLIAM</b>	2.2 NAME	<b>MALLEY, ROBERT J.</b>
STREET ADDRESS	<b>225 CAMPBELL DR</b>	2.3 STREET ADDRESS	<b>609 E. FRANKLYN AVENUE</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	2.4 CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, ARLAND</b>	3.2 NAME	
STREET ADDRESS	<b>930 S. HARBOR CITY BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLZER, O.A.</b>	4.2 NAME	
STREET ADDRESS	<b>1014 RIVERSIDE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITLEY, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>2078 MINTON ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. MELBOURNE, FL 32904</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLEY, ROBERT J.</b>	6.2 NAME	
STREET ADDRESS	<b>609 E. FRANKLYN AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alex W. Boyer*  
Alex W. Boyer

407 723 7512

Date

Daytime Phone #

CR2E037 (12/95)