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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 741076

(4)

1. Corporation Name

TRINITY TOWERS SOUTH, INC.

Principal Place of Business

Mailing Address

815 E NEW HAVEN AVE  
MELBOURNE FL 32901

815 E NEW HAVEN AVE  
MELBOURNE FL 32901



3. Date Incorporated or Qualified

12/19/1977

4. FEI Number

59-1848217

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, JAMES M.  
8021 PINE NEEDLE LANE  
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 ☐ DELETE  
NAME BOYER, ALEX W. REV.  
STREET ADDRESS 633 E. MELBOURNE AVE.  
CITY-ST-ZIP MELBOURNE FL

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

TITLE S ☐ DELETE  
NAME THORNBURG, WILLIAM  
STREET ADDRESS 225 CAMPBELL DR.  
CITY-ST-ZIP MELBOURNE BCH FL

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

TITLE TD ☐ DELETE  
NAME WHITLEY, BARBARA  
STREET ADDRESS 2076 MINTON RD.  
CITY-ST-ZIP W. MELBOURNE FL

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

TITLE SD ☐ DELETE  
NAME PEAKE, TOM  
STREET ADDRESS 8194 CONCOURSE RD.  
CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ DELETE  
NAME ADAMS, ARLAND A. MD.  
STREET ADDRESS 930 HARBOUR CITY BLVD  
CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ DELETE  
NAME HOLZER, O.A. MD  
STREET ADDRESS 1014 RIVERSIDE DR.  
CITY-ST-ZIP MELBOURNE FL

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

1-12-98 407-723-8620

CR2E037 (10/97)