FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

1995 MAR 28 -PM 10 08

SECRETARY OF STATE TALLAHASSEE FLORIDA

· CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **747290** **(5)**

1. Corporation Name

TRINITY VILLAS, INC.

Principal Place of Business	Mailing Address
3728 N.E. 6TH PLACE OCALA FL 34470	3728 N.E. 6TH PLACE OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1979
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-6046993 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ATKINS, C. CLYDE JR.
320 NW 3RD AVE.
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: **BULLARD, WARREN**
82 Street Address (P.O. Box Number is Not Acceptable)
83: **121 N.W. 3rd St.**
84 City: **OCALA** **FL** 85 Zip Code: **34475**

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: *C. Warren Bullard* February 6, 1995
(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	P	1.1 Title	☒ Change ☐ Addition
NAME	NADEAU, MARILYN	1.2 Name	
STREET ADDRESS	1833 N.E. 39TH COURT	1.3 Street Address	
CITY-ST-ZIP	OCALA FL	1.4 City-St-Zip	
TITLE	VD	2.1 Title	VD: ☒ Change ☐ Addition
NAME	ATKINS, CLYDE	2.2 Name	BULLARD, WARREN
STREET ADDRESS	320 N.W. 3RD AVE.	2.3 Street Address	121 N.W.3rd St.
CITY-ST-ZIP	OCALA FL	2.4 City-St-Zip	OCALA, FL 34475
TITLE	SD	3.1 Title	☐ Change ☐ Addition
NAME	FAGAN, TINA	3.2 Name	
STREET ADDRESS	4027 N.E. 20TH STREET	3.3 Street Address	
CITY-ST-ZIP	OCALA FL	3.4 City-St-Zip	
TITLE	TD	4.1 Title	TD ☒ Change ☐ Addition
NAME	WRIGHT, JEFF	4.2 Name	WRIGHT, JEFF
STREET ADDRESS	5 S.E. 17TH STREET	4.3 Street Address	1547 N.E. 2nd STREET
CITY-ST-ZIP	OCALA FL	4.4 City-St-Zip	OCALA, FL
TITLE		5.1 Title	☐ Change ☐ Addition
NAME		5.2 Name	
STREET ADDRESS		5.3 Street Address	
CITY-ST-ZIP		5.4 City-St-Zip	
TITLE		6.1 Title	☐ Change ☐ Addition
NAME		6.2 Name	
STREET ADDRESS		6.3 Street Address	
CITY-ST-ZIP		6.4 City-St-Zip	

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14. I/We 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)(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 this 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: *Marilyn Nadeau* 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MARILYN NADEAU PRESIDENT 1/30/95 904-694-5507
Daytime Phone #

0005169