FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:39

DOCUMENT # 768986 (2)

1. Corporation Name
TRINITY VILLAS II, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3728 N.E. 8TH PLACE OCALA FL 32671-1093	3728 N.E. 8TH PLACE OCALA FL 32671-1093

3. Date Incorporated or Qualified: 06/17/1983
3a. Date of Last Report: 03/25/1994
4. FEI Number: 52-1666656 ☐ 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
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ATKINS, C. CLYDE JR.
320 N.W. THIRD AVENUE
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): 752 E SILVER SPRINGS BLVD.
83: 121 N.W. 3rd St.
84 City: OCALA 85 FL 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.

X SIGNATURE: Warren Bullard — DATE: February 9, 1995
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

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	☒ Change ☐ Addition
NAME	ATKINS, CLYDE	2.2 NAME	VDBULLARD, WARREN 752 E SILVER SPRINGS BLVD.
STREET ADDRESS	320 N.W. 3RD AVENUE	2.3 STREET ADDRESS	BULLARD, WARREN 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. 30TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	WRIGHT, JEFF	4.2 NAME	TD 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	

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)(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: Marilyn Nadeau Pres. — Date: 1-30-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

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

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