

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H83483** (8)

1. Corporation Name

TRIVEST ENTERPRISES, INC.



Principal Place of Business

**3300 SW 34TH AVE.
OCALA FL 32674**

Mailing Address

**P.O. BOX 11007
ATTN: CORP. TAX
BIRMINGHAM AL 35288**

3. Date Incorporated or Qualified

10/31/1985

3a. Date of Last Report

04/05/1995

4. FEI Number

59-2600826

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIMER, RODERICK
3300 SW 34TH AVE
OCALA FL 32674**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☒ DELETE

NAME **CLARDY, JOHN S.**
STREET ADDRESS **3300 SW 34TH AVE.**
CITY-ST-ZIP **OCALA FL.**

TITLE **D** ☒ DELETE

NAME **CLEMMONS, W. ELTON**
STREET ADDRESS **3300 SW 34TH AVE.**
CITY-ST-ZIP **OCALA FL.**

TITLE **VPS** ☒ DELETE

NAME **MERRITT FLOYD**
STREET ADDRESS **3300 SW 34TH AVE.**
CITY-ST-ZIP **OCALA FL.**

TITLE **DP** ☐ DELETE

NAME **REIMER, RODERICK**
STREET ADDRESS **3300 SW 34TH AVE.**
CITY-ST-ZIP **OCALA FL.**

TITLE **T** ☐ DELETE

NAME **BEALL KYLE R.**
STREET ADDRESS **3300 SW 34TH AVE**
CITY-ST-ZIP **OCALA FL 32671**

TITLE **D** ☒ DELETE

NAME **HARRIS, CHAELS E.**
STREET ADDRESS **3300 SW 34TH AVE.**
CITY-ST-ZIP **OCALA FL.**

1.1 TITLE

Vice President

☐ Change

☒ Addition

1.2 NAME

John Nicholson
1.3 STREET ADDRESS **1900 5th Ave North**
1.4 CITY-ST-ZIP **Birmingham, AL 35203**

2.1 TITLE

Treasurer

☐ Change

☒ Addition

2.2 NAME

Lynda Kern

2.3 STREET ADDRESS

1901 6th Ave North
Birmingham, AL 35288

2.4 CITY-ST-ZIP

3.1 TITLE

Asst. Treasurer

☐ Change

☒ Addition

3.2 NAME

Robert Smith

3.3 STREET ADDRESS

1901 6th Ave North
Birmingham, AL 35288

3.4 CITY-ST-ZIP

4.1 TITLE

000001807300

☐ Change

☐ Addition

4.2 NAME

-05/03/96--01086--015

4.3 STREET ADDRESS

*****200.00**

4.4 CITY-ST-ZIP

5.1 TITLE

Vice President

☒ Change

☐ Addition

5.2 NAME

Kyle Beall

5.3 STREET ADDRESS

1900 5th Ave North
Birmingham, AL 35203

5.4 CITY-ST-ZIP

6.1 TITLE

Secretary

☐ Change

☒ Addition

6.2 NAME

Bill Caughran

6.3 STREET ADDRESS

1901 6th Ave North
Birmingham, AL 35288

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)(a), 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.

SIGNATURE:

Lynda A. Kern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

205-320-7149

Daytime Phone

CR2E034 (12/95)