

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J01629

(1)

1. Corporation Name

THE TRINITY CORPORATION

Principal Place of Business

SHAWMUT NATIONAL BUILDING  
819 SOUTH FEDERAL HIGHWAY  
STUART FL 34994

Mailing Address

SHAWMUT NATIONAL BUILDING  
819 SOUTH FEDERAL HIGHWAY  
STUART FL 34994-2852

2. Principal Place of Business

21 Fleet Building  
Suite, Apt. #, etc.

22 819 S. Federal Hwy, Ste 100

City & State

23 Stuart, FL

Zip

24 34994

Country

2a. Mailing Address

26 Fleet Building  
Suite, Apt. #, etc.

27 819 S. Federal Hwy, Ste 100

City & State

28 Stuart, FL

Zip

29 34994

Country

30

8. Name and Address of Current Registered Agent

SHAWMUT NATIONAL TRUST COMPANY  
SHAWMUT NATIONAL BUILDING  
819 SOUTH FEDERAL HIGHWAY  
STUART FL 34994

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

10/11/1996

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

81 Name Fleet Trust & Investment Services Company

82 N.A.

Street Address (P.O. Box Number is Not Acceptable)

83 819 S. Federal Hwy, Ste 100

City

84 Stuart,

FL

85 Zip Code

34994

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

*Luther H. Hodge*

President

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HODGE, LUTHER H.  
STREET ADDRESS 819 SOUTH FEDERAL HWY  
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE VP  
NAME MORTENSEN, TRICE D.  
STREET ADDRESS 819 SOUTH FEDERAL HWY  
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE STD  
NAME ALFORD, SONDR A.  
STREET ADDRESS 819 SOUTH FEDERAL HWY  
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD  
1.2 NAME Errol T. Silvestri  
1.3 STREET ADDRESS 819 S. Federal Hwy  
1.4 CITY-ST-ZIP Stuart, FL 34994

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Luther H. Hodge*

4/28/97

561-28326404

CR2E034 (9/96)