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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P40357 (6)

1. Corporation Name
TRINITY CONTRACTORS, INC.

Principal Place of Business	Mailing Address
2425 DILLARD STREET GRAND PRAIRIE TX 75051-1078	2425 DILLARD STREET GRAND PRAIRIE TX 75051-1078

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 75-1758499 ☐ 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. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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: _____ DATE
(Signature, type(s) and printed name of registered agent, and title, if applicable) (Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Secretary/Treasurer	☐ Change ☑ Addition
NAME	MUNSON, ROBERT, III	1.2 NAME	Bobes, Russell	
STREET ADDRESS	2425 DILLARD STREET	1.3 STREET ADDRESS	2425 Dillard	
CITY-ST-ZIP	GRAND PRAIRIE TX	1.4 CITY-ST-ZIP	Grand Prairie, Tx 75051	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, EUGENE	2.2 NAME		
STREET ADDRESS	114 SIMMONS	2.3 STREET ADDRESS		
CITY-ST-ZIP	TRUSSVILLE AL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, DILLARD E.	3.2 NAME		
STREET ADDRESS	2425 DILLARD STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND PRAIRIE TX	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	STODGHILL, ROBERT D.	4.2 NAME		
STREET ADDRESS	2425 DILLARD STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND PRAIRIE TX	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	HALL, JAMES W.	5.2 NAME		
STREET ADDRESS	2425 DILLARD STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND PRAIRIE TX	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, ROBERT	6.2 NAME		
STREET ADDRESS	2425 DILLARD STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND PRAIRIE TX	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Russell Bobes Sec/Treas 4/28/95 (214)988-8448
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0473191 FP