FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 28 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000051185 (5)**

1. Corporation Name

~~LEASE VERIFICATION, INCORPORATED~~
TRINITY BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
7819 N. DALE MABRY SUITE 102 TAMPA FL 33614	7819 N. DALE MABRY SUITE 102 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 08/12/1994

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: 59-3198086 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FITZGERALD, MICHAEL~~ 7819 N. DALE MABRY SUITE 102 ~~TAMPA FL 33614~~	81 Name: MOORE, EDWARD L. 82 Street Address (P.O. Box Number is Not Acceptable): 703 SEDDON COVE WAY 83: 84 City: TAMPA FL 85 Zip Code: 33602

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: Edward L. Moore — 4-15-95
(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	D	11 TITLE	☐ Change ☐ Addition
NAME	~~FITZGERALD, MICHAEL~~	12 NAME	
STREET ADDRESS	4822 CHEVAL BLVD.	13 STREET ADDRESS	
CITY ST ZIP	~~LUTZ FL 33549~~	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MASSA, C R	22 NAME	
STREET ADDRESS	ONE KEY CAPRI, 501 W	23 STREET ADDRESS	300001471863
CITY ST ZIP	TREASURE ISLAND FL 33706	24 CITY ST ZIP	-05/02/95--01155--018 ****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MOORE, EDWARD L.	32 NAME	
STREET ADDRESS	703 SEDDON COVE WAY	33 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL. 33602	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DETORE, ROBERT C.	42 NAME	
STREET ADDRESS	23513 BELLAIRE LOOP	43 STREET ADDRESS	
CITY ST ZIP	LAND O'LAKES, FL. 34639	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: C. Ray Massa — 4-15-95 — 813-931-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000462 CP