FILE NOW: FILING FEE AFTER MAY 1 IS \$22
--

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000062450 (0) **DOCUMENT #**

TRINITY TECHNOLOGIES, INC.



3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

04/19/1995

		7	Mailton Address				4. FEI Number		A	pplied For	
2. Principal Place of Business			2a. Mailing Address				59-3198087			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
2		27					6. Election Campaign Financing		\$5.00	May Be	
City & State			City & State				Trust Fund Contribution			to Fees	
:3		28					8. This corporation has liability for intangible tax under s. 199.032,				
Ζιρ	Country		Ζip	Country			Florida Statutes Yes	s □ No		ļ	
24	25		29 30				10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	Regis	stereo Agent		81	Name	: =:				
							No. Accepte	blol			
MURFIN, SCOTT E 202 S RANGE ST MADISON FL 32340					82 Street Address (P.O. Box Number is Not Acceptable)						
					83						
					100			-1			
						FL 85 Zip Coo					
							ting a boute the statement for the p		handing ite o	egistered office	
or regist familiar v	t to the provisions of Sections 607,0502 ered agent or both, in the State of Flor with, and accept the obligations of, Sect	and 60 dal Suci ior 607	.0505. Florida Statutes.	ŕ				pointment a	as registered	agent. I am	
SIGNATURE	Signal are, it paid or partied that eight expellence alors.	ar fiber	estable di			t signature tequi	ADDITIONS/CHANGES TO OF		UD DIRECTO	IBS IN 12	
12.	OFFICERS AN	D D'BE	CTORS	13			ADDITIONS/CHANGES TO OF	FICENS AI	Change	Addition	
TITLE	P		☐ DELETE	1.1	THE				Clara.		
NAME	MURFIN, SCOTT E			12	NAME						
STREET ADDRESS	AND DANIOE OF			13	STREET	ADDRESS					
CITY - ST - ZIP	MADISON FL 32340				1.4 CHY - ST - ZIF				Change	Addition	
TITLE	ST	DELETE			1 11'1E				L_1 Onlings		
NAME	MURFIN, CATHRYN A			2.2	NAMÉ						
STREET ACORES	AND DANIOR OF			2.3	SISEE	LADDRESS					
CITY-ST-2IP	MADISON FL 32340				CITY -	ST-ZP			[] Change	Addition	
TITLE			DELETE	3	1 117LE				[_] Onlings		
NAME				3 3	2 NAME						
STREET ADORES	22			30	3 STRES	er adoress					
_	~			3.	4 CITY -	ST-ZIP			[] Change	Addition	
DITY-ST-ZIP			DELETE	4.	1 Tille				[_] Change		
NAME				4	2 NAME						
STREET ADDRES	ee l			4	3 STREE	TADDHESS					
	**			4	4 CITY-	S1 - ZIP			Cnange	Addition	
CITY - ST - ZIP			DECETE	5	1 11/16				LT Change		
NAME				5	2 NAM	:					
				5	3 STRE	ET ADDRESS					
STREET ADDRE	333			5	4 CITY	- ST - ZIP			F7 Ch	Addition	
CITY-ST-ZIP TITLE			DELF 1E	6	1 TO L	F			☐ Changé	Mornion	
1				€	2 NAM						
NAME				1 6	3 STRE	ET ADDRESS					
STREET ADDRE	ESS 1			1							

64 City-51-7P

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)(k), 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 early, 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:

CITY-S1-7P

H-4-96 904 973-2685