SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 26 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000007706 (2)

1. Corporation Name
TRINITY MANAGEMENT CORPORATION

REINSTATEMENT 96 CW

Principal Place of Business	Mailing Address
8375 DIX ELLIS TRAIL STE. ~~107~~ 104 JACKSONVILLE FL 32256	6375 DIX ELLIS TRAIL STE. ~~107~~ 104 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: 09/05/1995

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: 59-3218946 ☐ 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

9. Name and Address of Current Registered Agent

BEELER, PARK L
8375 DIX ELLIS TRAIL
STE. 107
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: SANDRA L. ENOCHS
82 Street Address (P.O. Box Number is Not Acceptable): 8375 DIX ELLIS TRAIL STE. 104
83
84 City: JACKSONVILLE FL 85 Zip Code: 32256

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] DATE: 12/03/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEELER, PARK L 8375 DIX ELLIS TRAIL ~~STE. 107~~ JACKSONVILLE FL 32256	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D/P BEELER, PARK L. 8375 DIX ELLIS TRAIL, STE. 104 JACKSONVILLE, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COOK, JOHN E 8375 DIX ELLIS TRAIL ~~STE. 107~~ JACKSONVILLE FL 32256	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D/V COOK, JOHN E. 8375 DIX ELLIS TRAIL, STE. 104 JACKSONVILLE, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition V/S SANDRA L. ENOCHS 8375 DIX ELLIS TRAIL, STE. 104 JACKSONVILLE, FL. 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002039636--6 -12/27/96--01079--008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	****383.75 ☐ Change ☐ Addition ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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

SIGNATURE: [signature] 12/16/96 (904) 363-1384
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
SANDRA L. ENOCHS

000003V CP