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FILED
Apr 23 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 # P95000081429 (9)

1. Corporation Name
TRINITY DEVELOPMENT CONSULTANTS, INC.



Principal Place of Business: 12670 NEW BRITANNY ROAD, SUITE 202, FORT MYERS FL 33907

Mailing Address: 12670 NEW BRITANNY ROAD, SUITE 202, FORT MYERS FL 33907-3650

3. Date Incorporated or Qualified: 10/23/1995
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 2726 SWAMP CABBAGE COURT, 22 Fort Myers, FL, 23 33907

2a. Mailing Address: 27 SAME, 28 33901

4. FEI Number: 65-0623170

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: ROYSTON, ROBERT D JR., 12670 NEW BRITANNY ROAD, SUITE 202, FORT MYERS FL 33907

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 Suite 101, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOUDER, STANLEY A	
STREET ADDRESS	12670 NEW BRITANNY ROAD, SUITE 202	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLARDT, JOSEPH E	
STREET ADDRESS	7150 ESTERO BLVD., UNIT 501	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WALLACE, JERALD L	
STREET ADDRESS	3826 HIDDEN ACRES CIRCLE	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2726 SWAMP CABBAGE COURT
1.4 CITY - ST - ZIP	33901
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Stan Stouder STAN STOUDER TREASURER 3/13/97 941-275-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)