

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 17 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 # P95000094782 (6)**

1. Corporation Name  
**TRINITY LAND LIMITED, INC.**



Principal Place of Business <b>503 M.L. KING WEST, STE. D PLANT CITY FL 33566</b>	Mailing Address <b>503 M.L. KING WEST, STE. D PLANT CITY FL 33566</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1995</b>	3a. Date of Last Report <b>04/09/1996</b>
21	26	4. FEI Number <b>59-3357241</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RIDDLE, WALTER 503 M.L. KING WEST, STE. D PLANT CITY FL 33566</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDDLE, WALTER</b>	1.2 NAME	
STREET ADDRESS	<b>503 M.L. KING WEST, STE. D</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANT CITY FL 33566</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAKER, H. LEE</b>	2.2 NAME	
STREET ADDRESS	<b>5103 FIVE ACRE RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANT CITY FL 33565</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAKER, PAULA D</b>	3.2 NAME	<b>D</b>
STREET ADDRESS	<b>P.O. BOX 409</b>	3.3 STREET ADDRESS	<b>5103 Five Acre Road</b>
CITY - ST - ZIP	<b>THONOTOSASSA FL 33592</b>	3.4 CITY - ST - ZIP	<b>Plant City, FL 33565</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>700002146587</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>-04/17/97--01049--059</b>

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: Walter A. Riddle **REQUIRED** WALTER A. RIDDLE 4-2-97 813-754-1136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)