

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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094782 (6)

1. Corporation Name
TRINITY LAND LIMITED, INC.



Principal Place of Business 503 M.L. KING WEST, STE. D PLANT CITY FL 33566	Mailing Address 503 M.L. KING WEST, STE. D PLANT CITY FL 33566
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 702 ML KING WEST Suite, Apt. #, etc. 22 City & State 23 PLANT CITY, FL Zip Country 24 33566 25 USA		2a. Mailing Address 26 702 WEST ML KING BLVD Suite, Apt. #, etc. 27 City & State 28 PLANT CITY, FL Zip Country 29 33566 30 USA		3. Date Incorporated or Qualified 12/11/1995
		4. FEI Number 59-3357241	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent RIDDLE, WALTER 503 M.L. KING WEST, STE. D PLANT CITY FL 33566		10. Name and Address of New Registered Agent 81 Name RIDDLE, WALTER 82 Street Address (P.O. Box Number is Not Acceptable) 702 WEST ML KING BLVD 83 84 City PLANT CITY FL 85 Zip Code 33566	
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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 Walter Riddle **WALTER RIDDLE** **3-9-98**
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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, WALTER	1.2 NAME	RIDDLE, WALTER
STREET ADDRESS	503 M.L. KING WEST, STE. D	1.3 STREET ADDRESS	702 WEST ML KING BLVD
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKER, H. LEE	2.2 NAME	EAKER, H. LEE
STREET ADDRESS	5103 FIVE ACRE RD.	2.3 STREET ADDRESS	7611 FOUR PINES RD
CITY-ST-ZIP	PLANT CITY FL 33565	2.4 CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKER, PAULA D	3.2 NAME	EAKER, PAULA D
STREET ADDRESS	5103 FIVE ACRE ROAD	3.3 STREET ADDRESS	7611 FOUR PINES RD.
CITY-ST-ZIP	PLANT CITY FL 33565	3.4 CITY-ST-ZIP	PLANT CITY, FL 33565
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Riddle **WALTER RIDDLE** **3-9-98** **59-3357241**

CR2E034 (10/97)