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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100204

1. Corporation Name

TRINITY PETROLEUM COMPANY

	9. Name and Address o	of Current Registered Agent
24	25	29 30
Zıp	Country	Zip Country
23		28
City & Sta	te	City & State
22		27
Suite, Apt	#, etc.	Suite, Apt. #, etc.
21		26
2. Principal f	Place of Business	2a. Mailing Address
1483 CRESTVI TALLAHASSEE		1483 CRESTVIEW AVENUE TALLAHASSEE FL 32303
Principal Plac	ce of Business	Mailing Address

FIL	ED		
99 MAR 23	17.3	l::	0



TALLAHASSEE FL 3230	13	TALLAMASSEE FL 32303			DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualified 12/11/1996	
2. Principal Place of E	Business	2a. Mailing /	Address			4.	59-3472610	Applied For Not Applicab
Suite, Apt #, etc.		Suite, Ap	ot #, etc			5.	Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State		City & S	tate			6.	Election Campaign Financing [-] Trost Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z ₁ p	[30]	ountry		В	This corporation owes the current year Personal Property Fax	Intangible { Yes = [No
9. N	lame and Address of Cu		ent	81	Name	10.	Name and Address of New Registere	d Agent
	IT C Stylew avenue See FL 32303			82		iss (F	O Box Number is Net Acceptable)	
				84	City		F	L 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and little if appt rather (INCH) 6:	egislered Agest Seprature to quia	Two reports DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D [] DELFTE	1.1 TULE	[] Change [] Addition
NAME	DEEB, KENT C	1.2 NAME	
STREET ADDRESS	1483 CRESTVIEW AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	14 CITY-\$1-7iF	
TITLE	[DELETE	2.1 THE	[Change
NAME		2.7 NAME	594000000000000000000000000000000000000
STREET ADDRESS		2.3 STREET ADDRESS	6000028159667 -03/23/9901083022 ****150.00 ****150.00
CITY-ST-ZIP		7.4 COY-5*-269	
TITLE	[] DELETE	3 1 711LF	[Change
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 COY-5*-762	
TITLE	[] DELETE	4 1 TIFLE	[Change [Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADORESS	
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST ZIP	
TITLE	L I DELETE.	5 1 1111.6	[] Change [] Add-tion
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	^
CITY-ST-ZIP		5.4 CiTy+\$1+ZiP4	- WAL
TITLE	[] DELETE	6 t title	Change
NAME		6.2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	A.

14. Thereby 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed by an an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

2-8-99 (850).567.8900