

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085432

1. Entity Name

TRINITY GROUP INVESTMENTS, INC.

Principal Place of Business

789 N FERDON BLVD
SUITE 11
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 9
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3510121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK WELTON AND ASSOCIATES, P.A.
1078 FERDON BLVD SOUTH
SUITE B
CRESTVIEW FL 32536

Name Welton & Williamson, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1020 Ferdon Blvd. South

City Crestview

FL

Zip Code 32536

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

A Wayne Williamson

19 Feb. 2001

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, GEORGIE 5170 FERDON BLVD S CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, PAUL TIM 5170 FERDON BLVD SOUTH CRESTVIEW FL 32536	<input type="checkbox"/> Delete change →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEGG, STEVE 101 JAMES LEE BLVD CRESTVIEW FL 32536	<input type="checkbox"/> Delete change →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERLIN, JERRY P O BOX 8 HOLT FL 32564	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Janet Johnson 1020 Ferdon Blvd South Crestview FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Kelley, Paul Tim 5170 Ferdon Blvd South	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Clegg, Steve 101 James Lee Blvd Crestview FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

Daytime Phone #

682 2120

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE