

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

**FILED**

**May 05 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 # V53136 (0)**

1. Corporation Name  
**TRINITY PARTNERS, INC.**



Principal Place of Business  
**6375 DIX ELLIS TRAIL  
#104  
JACKSONVILLE FL 32256**

Mailing Address  
**6375 DIX ELLIS TRAIL  
#104  
JACKSONVILLE FL 32256-6281**

3. Date Incorporated or Qualified **07/24/1992** 3a. Date of Last Report **12/26/1996**

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number **59-3198939** Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$6.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

25 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ENOCHS, SANDRA L~~ **ENOCHS**  
**8375 DIX ELLIS TRAIL  
#104  
JACKSONVILLE FL 32256**

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	DP <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEELER, PARK L	12 NAME
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	13 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL 32258	14 CITY - ST - ZIP
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOHN E	2.2 NAME
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	2.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL 32258	2.4 CITY - ST - ZIP
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, W. PAUL	3.2 NAME
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	3.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL 32258	3.4 CITY - ST - ZIP
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENOCHS, SANDRA L. ENOCHS</b>	4.2 NAME
STREET ADDRESS	8375 DIX ELLIS TRAIL, STE 104	4.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL 32258	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 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 **SANDRA L. ENOCHS** **4/23/97 (904) 363-1384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)