

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **K48473** (8)

1. Corporation Name
TRIPLE CROWN HOMES, INC.



Principal Place of Business: **7177 SW SR 200 Ocala FL 34476**
Mailing Address: **7177 SW SR 200 Ocala FL 34476**

3. Date Incorporated or Qualified: **12/01/1988**
3a. Date of Last Report: **05/12/1995**
4. FEI Number: **59-2956979**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**PLUNKETT, JOHN M.
1441 S.E. 52ND PLACE
OCALA FL 32671**

10. Name and Address of New Registered Agent

81 Name: **Plunkett, John M.**
82 Street Address (P.O. Box Number is Not Acceptable): **6919 SE 12th Circle**
83
84 City: **Ocala** FL 85 Zip Code: **34481**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PLUNKETT, JOHN M.	
STREET ADDRESS	1441 S.E. 52ND PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLUNKETT, KATHLEEN	
STREET ADDRESS	10881 SW 62ND AVE RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUNKETT, ARLENE	
STREET ADDRESS	1441 S.E. 52ND PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Plunkett, John M.	
1.3 STREET ADDRESS	6919 SE 12th Circle	
1.4 CITY-ST-ZIP	Ocala FL 34481	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Plunkett, Kathleen	
2.3 STREET ADDRESS	5280 SE 13th Terr	
2.4 CITY-ST-ZIP	Ocala FL 34481	
3.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Plunkett, Arlene	
3.3 STREET ADDRESS	6919 SE 12th Circle	
3.4 CITY-ST-ZIP	Ocala FL 34481	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John Plunkett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (352) 237-6202
Date Daytime Phone #

CR2E034 (12/95)