

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 # **S93143** (3)

1. Corporation Name

TRIPLE CROWN REALTY OF OCALA, INC.



Principal Place of Business

7177 SW SR 200
OCALA FL 34476

Mailing Address

7177 SW SR 200
OCALA FL 34476
US

3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

4. FEI Number

59-3095549

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

PLUNKETT, JOHN
7177 SW SR 200
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name **John Plunkett**
82 Street Address (P.O. Box Number is Not Acceptable)
7177 SW SR 200
83 **Ocala**
84 City **Ocala**
85 Zip Code **FL 34476**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	PLUNKETT, KEVIN	8140 NW 48TH LN.	OCALA FL	<input checked="" type="checkbox"/>
VP	PLUNKETT, JR., OLIVER	540 W. BRIAR PL 7F	CHICAGO IL	<input type="checkbox"/>
S	PLUNKETT, MAUREEN	4858 N. IZARD, #304	OMAHA NE	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Kathleen Plunkett	5280 SE 13 Terr.	Ocala, FL 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sec.	Maureen Plunkett	8140 N.W. 48th Ln.	Ocala, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Kathleen Plunkett** **Kathleen Plunkett** **4-26-96** **(352) 237-6202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)