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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # S93143

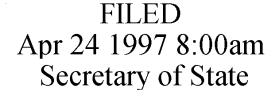
(3)

TRIPLE CROWN REALTY OF OCALA, INC.

		1.
2		

. ,	 	 	

Mailing Address



237-6202

7177 SW SR 2 OCALA FL 344		7177 SW SR 200 OCALA FL 34476-7055 US							
						3. Date Incorporated or Qualified 11/12/1991	3s. Dat 05/0		ast Report 96
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
84		26				59-3095549			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		, -	75 Additional e Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Z(p 24	Country 25	Zip [29]	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent			. 	10. Name and Address of New Reg	Istered A	gent	
	n Plunkett		}	81	Name				
	7 SW SR 200 NLA FL 34476]	82	Street Addre	ess (P.O. Box Number is Not Acceptable	(e)		
			[83	•				
			f	84	City		FL	85	Zip Code
SIGNATURE						oration submits this statement for the pi on's board of directors. I hereby accep		intmer	ng its registered It as registered
	Signature, typed or printed name of registered age			Λge	orupor orubangia Ins	d when reinstaling)	DATE		
12.	OFFICERS ANI	DELET	13.			ADDITIONS/CHANGES TO OFFICE		DIREC Cha	
NAME	KATHLEEN PLUNKETT	[□] ι/ειειί	1.1 111		}		ι	I CHA	nge 🗀 Augilion
STREET ADDRESS	5280 SE 13 TERR		1.2 NA		(Popean				
OTTY-ST-ZIP	OCALA FL		1		ADDRESS				i
ATTLE	VP	DELETE	14 C/I 2.1 T/I		1-202] Cha	nge Addition
NAME	PLUNKETT, JR., OLIVER	Cal present	2.2 NA		{				ingo yidoittain
STREET ADDRESS	540 W. BRIAR PL 7F		1		ADDRESS				
CITY-ST-ZIP	CHICAGO IL		2.40						
TOLE	8	DELETE	3.1 111		<u></u>	······································	[Cha	nge Addition
NAME	PLUNKETT, MAUREEN		3.2 NA	ME	}				-
STREET ADDRESS	6140 N.W. 48TH LANE		3 3 51	REE T	ADDRESS				
City-ST-ZIP	OCALA FL		3.4. CI	1Y-S	ST - ZIP				
ALTITE .		DELETE	4.1 7/1	LE				Cha	nge 🔲 Addition
NAME			4 2 NA	AME	1				
STREET ADDRESS			4.3 \$18	KEET.	ADDRESS				
XIY-ST-ZIP			4.4 CIT	Y-\$1	I-ZIP				
TLE		DELETE	5.1 111	lΕ			ī	Cha	nge 🔲 Addition
ME			5.2 NA		Ì				
TREET ADDRESS					ADDRESS				
TY-ST-ZIP		Theres.	5.4 CIT		T-ZIP				
J.E		DELETE	61117				L	_] Cha	nge L Addition
IAME P			6.2 NA		{				
TREET ADDRESS			6.3 \$16	REFT	ADDRESS				

In the property of the composition of the composition of the composition of 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 eath; 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.

[35]

[35]

[37-6202]