

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **321526** (6)

1. Corporation Name

TRIPLE R CORPORATION

Principal Place of Business

**6529 LAKE SHADOWS CIRCLE
HIXSON TN 37343**

Mailing Address

**6529 LAKE SHADOWS CIRCLE
HIXSON TN 37343**

APPROVED
AND
FILED

95 APR -4 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1967

3a. Date of Last Report

07/06/1994

4. FEI Number

59-1216133

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PAUL, RICHARD A.
429 E MAGNOLIA AVE.
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
ROBINSON, C D
3007 GLENEAGLES
BRYAN TX**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PDT
ROBINSON, NEAL A
6529 LK SHADOWS CIR.
HIXSON TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
ROBINSON, BEVERLY F.
6529 LAKE SHADOWS CIR
HIXSON TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ROBINSON, KATHRYN A.
3007 GLENEAGLES
BRYAN TX**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 190.07(3)(A), 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:

N.A. ROBINSON

3/28/95

615-875-7761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number