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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 362130 (7)

1. Corporation Name  
**TRIPLE K CORP.**

Principal Place of Business Mailing Address

7431 PARADISE PINE CT  
SPRING HILL, FL 34606  
US

7431 PARADISE PINE CT  
SPRING HILL, FL 34606  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		04/02/1970	04/05/1994
22		27		4. FEI Number	Applied For
23		28		59-1347393	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLS, R.E. 7431 PARADISE PINE CT SPRING HILL FL 34606				81 Name	Joyce A. Mills		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	7431 Paradise Pine Ct.		
				84 City	Spring Hill, FL	85 Zip Code	34606

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: *Joyce A. Mills* DATE: 2/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	v/s/r/d <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JOYCE A	1.2 NAME	
STREET ADDRESS	7431 PARADISE PINE CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, R E	2.2 NAME	Delete this person
STREET ADDRESS	7431 PARADISE PINE CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KATHY KETNER
STREET ADDRESS		3.3 STREET ADDRESS	9217 CHUKAR RD
CITY- ST- ZIP		3.4 CITY-ST-ZIP	YUKON, OK 73099
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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. 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 of this report, or on an attached page with an address.

SIGNATURE: *Joyce A. Mills*

DATE: \_\_\_\_\_