FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 481363

(0)

FILED May 07 1997 8:00am Secretary of State

TRIPLE V LAND, INC. Principal Place of Business Mailing Address 112 NORTH STATE STREET DAVENPORT FL 33837 DAVENPORT FL 33836-0007										
Į		US					 Date Incorporated or Qualified 07/29/1975 		e of Last 5/1996	Report
2. Principal	Prace of Business	2a. Mailing Address					4. FEI Number			Applied For
21		26					NOT APPLICABLE			lot Applicable
Surte, Ap	Д. #, €IG	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & St	ate	City & State					6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry			8. This corporation has liability for			s. 199.032,
24	25	29	30					Yes 🛚		
\	9, Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of New Re	gistered A	gent	
	DODS, VAUGHN 2 North State Street									
DAVENPORT FL 33837				82	Street A	Address	s (P.O. Box Number is Not Acceptal	ole)		
	VENI ON TE GOOD			83			······································			
									· · · · · · · · · · · · · · · · · · ·	
Ì				84	City			FL	65 Zip	Code
SIGNATURE	Stignature, typica or printed name of registered at OFFICERS AI			ed Age			when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
THLE	PD	☐ DELETE	1.1	TITLE					Change	Addition
NAME	WOODS, VAUGHN		1.2	NAME						
STREET ADDRESS			1.3	STREET	ADDRESS					
CITY-ST-7IP	DAVENPORT FL D	DCIETE		CITY-S	T - ZIP				Change	Addition
THE	WOODS, WILLIAM E	DELETE		TITLE					Change	Addition
NAME ONGEL ANDROS	CACAL DADCONC AUCKLING			NAME Oxocet	ADDRECE					
STREET ADDRESS	BRANDON FL			CITY-5	ADDRESS					
CHY-SI-ZIP THUE	D	DELETE		TITLE			-		Change	Addition
NAME	STOKES, SHERWOOD L		32	NAME]					
STREET ADDRES			3.3	STREET	ADDRESS					
CITY-ST-ZIP	HAINES CITY FL		3.4.	CITY - S	ST-ZIP	_				
TOTAL		☐ DELETE	4.1	TITLE					Change	Addition
NAME										
STREET ADORES			4. 2	NAME	- 1					
0.00.0 03 3.00	s				ADDRESS					
CITY-ST ZIP	s		4.3	STREET CITY-S	ADDRESS					A 4 400
TITLE	s	☐ DELETE	4.3 : 4.4 ! 5.1	STREET CITY-S TITLE	ADDRESS			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME		☐ DELETE	4.3 4.4 5.1 5.2	STREET CITY-S TITLE NAME	ADDRESS IT-ZIP			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.3 4.4 5.1 5.2 5.3	STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS	·			Change	Addition
TITLE NAME STREET ADDRES CHY-S1-ZIP		٠.	4.3 4.4 5.1 5.2 5.3 5.4	STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS ST-ZIP ADDRESS	,.				
TITLE NAME STREET ADDRES CHY-ST-ZIP TITLE		☐ DELETE	4.3: 4.4 5.1 5.2: 5.3: 5.4	STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS ST-ZIP ADDRESS	ď			☐ Change	
TITLE NAME STREET ADDRES CHY-S1-ZIP	5	٠.	4.3 4.4 5.1 5.2 5.3 5.4 61	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS	· ·				

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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: