**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 **DOCUMENT #** J09560

Country

PLEDGER, THOMAS R. JR.

JUPITER FL 33478

16561 JUPITER FARMS ROAD

9. Name and Address of Current Registered Agent

TRIPLE P RANCH, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

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16561 JUPITER FARMS ROAD JUPITER FL 33478

Principal Place of Business 2a. Mailing Address

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Mailing Address

JUPITER FL 33478

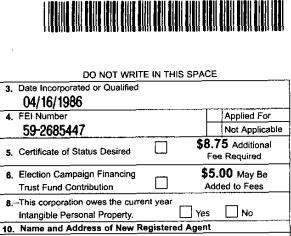
Suite, Apt. #, etc.

City & State

16561 JUPITER FARMS ROAD

## **FILED** Aug 18, 1999 8:00 am Secretary of State

08-18-1999 90008 008 \*\*\*550.00



City 85 Zip Code 84 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.

Country

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Street Address (P.O. Box Number is Not Acceptable)

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE	: Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	PLEDGER,THOMAS R. JR.	_	1.2 NAME	·
STREET ADDRESS	16561 JUPITER FARMS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZiP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Additio
NAME		_	4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	3-1		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME	, ,		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAMÉ	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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: