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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22047

(1)

FILED Apr 10 1997 8:00am Secretary of State

CUMENT #	J22047
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TRIPLE LAKES FARM, INC.

Name and Address of Current Registered Agent	Principal Place of Business 8 PANDORA DR. CRESTVIEW FL 32536	Mailing Address 8 PANDORA DR. CRESTVIEW FL 32536-1804	*			
2. No. Application Application Application Application Application Application Application Application Status Sta				· ·	· · · · · · · · · · · · · · · · · · ·	
Supplication Supp	2. Pencipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Coly & State Coly	21			59-0929423		
Cay & State 23 29 29 20 20 20 20 20 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30				5. Certificate of Status Desired	1 1	
28	City & State			6. Election Campaign Financing		
24	———	28		, , ,		
Name and Address of Current Registered Agent		Country Zip	Country	8. This corporation has liability fo		
MOORE, EUGENE 8	24 25		30			
### NOTE: CRESTVIEW FL 32538 B2 Street Address (P.O. Box Number is Not Acceptable)		Address of Current Registered Agent	R1 Name	10. Name and Address of New H	egistered Agent	
CRESTVIEW FL 32538						
11. First and to the provisions of Sections 607 05.02 and 607 1508, Fiorida Statute, the above-named corporation submits his statement for the purpose of changing its registered agent. I can form size of the objection of 1508, Fiorida Statute, the above-named corporation submits his statement for the purpose of changing its registered agent. I can form size of the objection of 0.500, Florida Statutes. 11. First and accord the objection of 0.500, Florida Statutes.		26	82 Street Add	ress (P.O. Box Number is Not Accepta	able)	
The present to the processors of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and ranker with and accept the obligations of Section 607.05.05, Florida Statutes. SIGNATURE	ONESTAICAL LE 253	30	83			
The present to the processors of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and ranker with and accept the obligations of Section 607.05.05, Florida Statutes. SIGNATURE						
11. Figurating to the processors of Sections 607 0509 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered education in both in the State of Florida Statutes. SIGNALUFI Signature for the purpose of changing its registered depote of the composition of the composition in both of the State of Florida Statutes. SIGNALUFI Signature for the purpose of changing its registered depote of approximate and accept the appointment as registered depote of the composition of the			84 City		FL 85 Zip Code	
PD	agent I am fanctier with an SIGNATURE Signation typictoriston	d accept the obligations of Section 607.0505, Fit	oricia Statutes. E: Registered Agent signature requ	ired when reinstating)	DATE	
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	CTY SI 7/P		64 CITY-ST-ZIP			

14. Do hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7-97 904-618-311