SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:20

DOCUMENT # **J66127** **(8)**

1. Corporation Name
TRIPLE BOGEY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 188 WILLISTON FL 32696	P.O. BOX 188 WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1987
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 59-2819872 ☐ 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

9. Name and Address of Current Registered Agent

GAUTIER, LOUIS K.
U.S. HIGHWAY 27 A
WILLISTON FL 32696

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GAUTIER, LOUIS K	12 NAME	
STREET ADDRESS	US 27-A	13 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	WENDEL, HARRY	22 NAME	V Wendel, Harry
STREET ADDRESS	2405 SPUCE COURT	23 STREET ADDRESS	5002 Greenbriar Trail
CITY-ST-ZIP	COLLEYVILLE TX	24 CITY-ST-ZIP	Mt. Dora, FL. 32757
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	PARKS, FRED	32 NAME	V Parks, Fred
STREET ADDRESS	2405 SPUCE COURT	33 STREET ADDRESS	404 Katahdin Dr.
CITY-ST-ZIP	COLLEYVILLE TX	34 CITY-ST-ZIP	Lexington, Mass. 01730
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HUMBERT, FRANK	42 NAME	
STREET ADDRESS	6800 YELLOW BRICK	43 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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: Louis K. Gautier 6/20/95 (904) 528-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Louis K. Gautier

0130745 FP