FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

TRIPLE BOGEY, INC.

Principal Place of Business

P.O. BOX 188
WILLISTON FL 32696

Mailing Address

P.O. BOX 188
WILLISTON FL 32696

3. Date Incorporated or Qualified: **04/08/1987**

3a. Date of Last Report: **06/28/1995**

4. FEI Number: **59-2819872** — Applied For / Not Applicable

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 L.K. Gautier - Louis Gautier - Pres. DATE 3/31/96
(NOTE: Signature of Agent shall be required if name is changed.)
Signature and typed or printed name of registered agent as filed (if applicable)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GAUTIER, LOUIS K	
STREET ADDRESS	US 27-A	
CITY-ST-ZIP	WILLISTON FL	
TITLE	V	☐ DELETE
NAME	WENDEL, HARRY	
STREET ADDRESS	5002 GREEMBROAR TRAIL	
CITY-ST-ZIP	MT. DORA FL	
TITLE	V	☐ DELETE
NAME	PARKS, FRED	
STREET ADDRESS	404 KATAHDIN DRIVE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	V	☐ DELETE
NAME	HUMBERT, FRANK	
STREET ADDRESS	8800 YELLOW BRICK	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(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; 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: L.K. Gautier - L.K. Gautier - Pres. 3/31/96 (352) 528-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

CR2E034 (12/95)