SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

Sep 09 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J66127 (8) TRIPLE BOGEY, INC. Principal Place of Business Mailing Address P.O. BOX 188 P.O. BOX 188 WILLISTON FL 32696 WILLISTON FL 32696 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1987 04/08/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2819872 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 28 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAUTIER, LOUIS K. U.S. HIGHWAY 27 A Street Address (P.O. Box Number is Not Acceptable) 62 WILLISTON FL 32696 83 84 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.5 TITLE **GAUTIER, LOUIS K** NAME 1.2 NAME **US 27-A** STREET ADDRESS 1.3 STREET ADDRESS WILLISTON FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITI F 21 TITLE WENDEL, HARRY NAME 22 NAMÉ **5002 GREEMBROAR TRAIL** STREET ADDRESS 2.3 STREET ADDRESS MT. DORA FL CITY-ST-ZIP 2. 4 CiTY-ST-ZiP DELETE Fred PANKS
10 SUNSET Rd.
BEDFOR & MASS. 01730
FRANK HUMBERT
9520 PULASKI HOWY.
BALTIMBRE, Md. 21220 TITLE 3.1 T(TLE Addition PARKS, FRED 3.2 NAME 404 KATAHDIN DRIVE STREET ADDRESS 3.3 STREET ADDRESS **LEXINGTON MA** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE **HUMBERT, FRANK** NAME 4.2 NAME 8800 YELLOW BRICK 4.3 STREET ADDRESS STREET ADDRESS BALTIMORE MD CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE noilith TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I 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

Old Will Contrad alalan land 202.1100

FILED

(4/97)