

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 # **J82808** (3)

1. Corporation Name
TRIPLETT CONSTRUCTION COMPANY, INC.



Principal Place of Business: **% JERRY W. TRIPLETT, 958 SECOND AVE. N., NAPLES FL 33940**
Mailing Address: **% JERRY W. TRIPLETT, 958 SECOND AVE. N., NAPLES FL 33940**

3. Date Incorporated or Qualified: **08/01/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2823944**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. City & State
23. City & State
24. Zip Country
25. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
TRIPLETT, JERRY W., 958 SECOND AVE. N., NAPLES FL 33940

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 or director, as applicable. (Date of Registration of signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE: **TSD** DELETE
NAME: **TRIPLETT, JERRY W.**
STREET ADDRESS: **958 SECOND AVE. N.**
CITY - ST - ZIP: **NAPLES FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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 Change Addition
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 Change Addition
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/94

(941) 261-6300
Date of Filing

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