

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 20 PM 1:59

DOCUMENT # K07212

(9)

1. Corporation Name

TRIPLE R LAND, INC.

Principal Place of Business

5575 ALLIGATOR LAKE ROAD
P.O. BOX 701326
ST CLOUD FL 34772-9332

Mailing Address

5575 ALLIGATOR LAKE ROAD
P.O. BOX 701326
ST CLOUD FL 34772-9332

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/16/1987

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2898875

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 N/A

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

GRIFFITHS, JANET R.
5575 ALLIGATOR LAKE RD.
P.O. BOX 701326
ST CLOUD FL 34770

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME ROBINSON, PROCTOR G., JR
STREET ADDRESS 4195 ALBRITTON ROAD
CITY-ST-ZIP ST. CLOUD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP N/A

TITLE ST
NAME ROBINSON, ROBIN L.
STREET ADDRESS 4195 ALBRITTON ROAD
CITY-ST-ZIP ST. CLOUD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP N/A

TITLE P
NAME GRIFFITHS, JANET R.
STREET ADDRESS 5575 ALLIGATOR LAKE ROAD
CITY-ST-ZIP ST. CLOUD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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:

Janet R. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.O. Box 2245

Ashland, KY 41105-2245

3/3/95

Date

Daytime Phone #