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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L76404** **(7)**

1. Corporation Name

TRIPPE & COMPANY, INC.

Principal Place of Business	Mailing Address
2134 FISHER IS. DR. ~~SUITE 16, 5915 PONCE DE LEON BLVD.~~ FISHER IS FL 33109 US	2134 FISHER IS DR. ~~SUITE 16, 5915 PONCE DE LEON BLVD.~~ FISHER IS. FL 33109 US

	Principal Place of Business	Mailing Address
2. / 2a.	2134 FISHER IS. DR.	2134 FISHER IS DR
21 / 26 Suite, Apt. #, etc.		
22 / 27 City & State	FISHER ISLAND FL	FISHER ISLAND FL
23 / 28		
24 / 29 Zip	33109	33109
25 / 30 Country	DADE	DADE

3. Date Incorporated or Qualified: 05/29/1990

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0204528 ☐ 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

TRIPPE, KENNETH A.B.
2134 FISHER IS DR.
~~5915 PONCE DE LEON BLVD.~~
FISHER IS. FL 33109

10. Name and Address of New Registered Agent

81 Name: SAME

82 Street Address (P.O. Box Number is Not Acceptable): 2134 FISHER IS. DR

83 FISHER ISLAND FL

84 City: FL 85 Zip Code: 33109

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: Kenneth A.B. Trippe — 21 March 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required by law) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRIPPE, KENNETH A.B.		1.2 NAME	
STREET ADDRESS	2134 FISHER IS. DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER IS. FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Kenneth A.B. Trippe — 21 March 1996 — 305 538 5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #