

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M60432 (5)

1. Corporation Name

TRIPLE R AUTO BROKERS, INC.

Principal Place of Business

**200 BAY STREET
DUNDEE FL 33030
US**

Mailing Address

**2039 BEL OMBRE CIRCLE
LAKE WALES FL 33853
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1987

3a. Date of Last Report

07/12/1994

4. FEI Number

65-0034221

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 1990 EIGHTH TERR. SE

2a. Mailing Address

26 1990 EIGHTH TERR. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER HAVEN, FL

City & State

28 WINTER HAVEN, FL

Zip

24 33880

Country

25 POLK

Zip

29 33880

Country

30 POLK

9. Name and Address of Current Registered Agent

**ROSE, LARRY
2039 BEL OMBRE CIRCLE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name

LARRY ROSE

82 Street Address (P.O. Box Number is Not Acceptable)

1990 EIGHTH TERR. SE.

83

84 City

WINTER HAVEN

FL

85 Zip Code

33880

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

**D
ROSE, LARRY
2039 BEL OMBRE CIRCLE
LAKE WALES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**D
LARRY ROSE
1990 EIGHTH TERR. SE
WINTER HAVEN, FL 33880**

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:

LARRY ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95
Date

813-299-0908
Telephone Number