

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # N96000005913 (6)

1. Corporation Name

TRIPLE D DEVELOPMENT, INC.

Principal Place of Business

3613 SILVER LACE LANE
SUITE 66
BOYNTON BEACH FL 33436

Mailing Address

3613 SILVER LACE LANE
SUITE 66
BOYNTON BEACH FL 33436



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1996
3a. Date of Last Report

4. FEI Number 65-0710112
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, PAMELA
3613 SILVER LACE LANE
SUITE 66
BOYNTON BEACH FL 33436

81 Name Sherlene D. Davis
82 Street Address (P.O. Box Number is Not Acceptable) 3613 Silver Lace Lane
83 Suite 66
84 City Boynton Beach FL 85 Zip Code 33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAVIS, PAMELA
STREET ADDRESS 5582 ASPEN RIDGE CIR
CITY-ST-ZIP DELRAY BEACH FL 33484

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002298772
-09/22/97--01003--018
***\$1.25

TITLE SD
NAME DAVIS, SHERLENE
STREET ADDRESS 3613 SILVER LACE LANE #68
CITY-ST-ZIP BOYNTON BEACH FL 33436

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/T/MD

TITLE TD
NAME DAVIS, JOHNNIE JR
STREET ADDRESS 5582 ASPEN RIDGE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
CD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SD
Dorothy Brockington
1711 NW 35th Terrace
FL. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DD
TERRY Louder
17085 - 35th Place North
Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
TD
Vincent R. Goodman, Jr.
320 West 18th Street
Riviera Beach, FL 33404

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

8/11/97 (511)733-9220

CR2E037 (4/97)