

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P22102 (8)

1. Corporation Name
TRIPLE P SERVICES, INC.



Principal Place of Business
231 NORTH CENTER STREET
PO DRAWER 151
MOUNT OLIVE NC 28365-0151

Mailing Address
231 NORTH CENTER STREET
PO DRAWER 151
MOUNT OLIVE NC 28365-0151

3. Date Incorporated or Qualified
12/14/1988
3a. Date of Last Report
10/04/1996

2. Principal Place of Business

2a. Mailing Address

21 231 North Center St
Suite, Apt. #, etc.

26 Post Office Drawer 150
Suite, Apt. #, etc.

4. FEI Number
56-1280554
Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
MT. Olive, N.C.

28 City & State
MT. Olive, NC

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
28365 Country
USA

29 Zip
28365-0150 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOLLY, LUE EDDIE
5907 N. 32ND STREET
TAMPA FL 33610

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	PD	<input type="checkbox"/> DELETE
NAME	BOWDEN, F.D.	
STREET ADDRESS	410 THUNDER SWAMP ED	
CITY - ST - ZIP	MT. OLIVE NC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWDEN, JEANNETTE	
STREET ADDRESS	410 THUNDER SWAMP ED	
CITY - ST - ZIP	MT. OLIVE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWSON, G.M.	
STREET ADDRESS	304 MUTUAL BLVD	
CITY - ST - ZIP	TARBORO NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	General manager-director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles W. Heath
3.3 STREET ADDRESS	458 River Bend Road
3.4 CITY - ST - ZIP	Goldsboro, N.C. 27530
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeannette D. Bowden 1-15-97 919-658-5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)