

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90173 007 ***150.00

DOCUMENT # P22102

1. Corporation Name

TRIPLE P SERVICES, INC.

Principal Place of Business

**231 NORTH CENTER ST
MY OLIVE NC 28365
US**

Mailing Address

**PO DRAWER 150
MT OLIVE NC 28635-0150
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1988

4. FEI Number

56-1280554

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

24
Zip Country

25

29
Zip Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

James D. Jackson

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

6910 Interbay Blvd. Apt 76

83

Tampa, Florida 33608

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 *James D. Jackson* **James D. Jackson Project Manager 1-15-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BOWDEN, F.D.**

STREET ADDRESS **410 THUNDER SWAMP ED**

CITY-ST-ZIP **MT. OLIVE NC**

TITLE **STD** ☐ DELETE

NAME **BOWDEN, JEANNETTE**

STREET ADDRESS **410 THUNDER SWAMP ED**

CITY-ST-ZIP **MT. OLIVE NC**

TITLE **DGM** ☐ DELETE

NAME **HEATH, CHARLES W**

STREET ADDRESS **458 RIVER BEND ROAD**

CITY-ST-ZIP **GOLDSBORO NC**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Jeannette D. Bowden **Jeannette D. Bowden 2-9-99 919-658-5204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)