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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016056 (2)

TRIPLE S OF PC, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r inderent iim inima sert dater bartt at	feit Milme tentam miete Mume Milif Mitt imme
1809 NEW HAMPSHIRE AVENUE 1809 NEW HAMPSHIRE AVENU						
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444			ļ		DO NOT WRITE	INI THIS SPACE
					3. Date Incorporated or Qualified	IN THIS SPACE
					02/24/1993	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 28			•		59-3167849	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						CO 7E Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees	
Zip	Country Zip		Cour	Country 8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	TANLEY, SALLY			81 Name		
1809 NEW HAMPSHIRE AVENUE LYNN HAVEN FL 32444				82 Street Address (P.O. Box Number is Not Acceptable)		
	IIII INVER LE 05444		ŀ	83		
			}	84 City		85 Zip Code
dd Disserved	to the providings of Configure CO7.	DEGO and COZ 4500 Florida Dist.	to a the ob		Constitution with this statement for the	FL 100 2000
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.						
_	m tamiliar with, and accept the or	digations of, Section 607.0505, F	orida Statu	ites.		
SIGNATURE Signature, typod 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 OFFIC	ERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.5 TITI	.E		Change Addition
NAME	JAMES L. STANLEY		1.2 NA/	AE.		•
STREET ADDRESS			1.3 STF	EET ADDRESS		
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIP		
TITLE	V	☐ DELETÉ	2.1 111	.E		☐ Change ☐ Addition
NAME			2.2 NA	AE .		
STREET ADDRESS			2.3 STP	EET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444			Y-ST-ZIP		
TITLE	DAMENA O TENDROCES	☐ DELETE	3.1 1/1			Change Addition
NAME	PAMELA S. HARRISON	ent er	3.2 NAM			}
STREET ADDRESS	I MAIN HAS TALES COAAA			EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		Change Addition
TITLE			4.1 1110			CI CIMINGE (Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		ļ
CITY-ST-ZIP TITLE			5.1 TITL	(-ST-ZIP		☐ Change ☐ Addition
			5.2 NAA			Change Addition
NAME CTREET ADDRESS			ı			Ţ
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CIT	r-ST-ZIP F		Change Addition
NAME		E DECEIL	6.2 NAN			E Change La Addition
i			T T	eet address		
STREET ADDRESS						1
CITY-ST-ZIP			6.4 CITS	-ST-ZIP	L	

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.