

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000032611 (4)**

1. Corporation Name

**TRIPLE BEE LAND & CATTLE CO., INC.**



Principal Place of Business

Mailing Address

2606 NW 6TH ST  
GAINESVILLE FL 32606  
US

2606 NW 6TH ST  
GAINESVILLE FL 32609  
US

3. Date Incorporated or Qualified **05/05/1993** 3a. Date of Last Report **06/02/1995**

2. Principal Place of Business  
21 **4205 N.W. 61<sup>ST</sup> TERR.**

2a. Mailing Address  
26 **4205 N.W. 61<sup>ST</sup> TERR.**

4. FEI Number **59-3180469** Applied For Not Applicable

22 City & State  
23 **GAINESVILLE, FLA.**

27 City & State  
28 **GAINESVILLE, FLA.**

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

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

24 Zip **32653** 25 Country **U.S.A.**

29 Zip **32653** 30 Country **U.S.A.**

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

**VAN ARSDALL, HOWARD E. JR.**  
2606 NW 6TH ST STE A  
GAINESVILLE FL 32609

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4205 N.W. 61<sup>ST</sup> TERRACE**  
83  
84 City **GAINESVILLE** FL 85 Zip Code **32653**

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 *Howard E. Van Arsdall, Jr.*

**4/30/96**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  DELETE  
NAME **LAMB, JOHN J JR.**  
STREET ADDRESS **2606 N.W. 6 ST**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD**  DELETE  
NAME **VAN ARSDALL, HOWARD E. JR.**  
STREET ADDRESS **2606 NW 6TH ST**  
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE **PSTD**  Change  Addition  
2.2 NAME **HOWARD E. VAN ARSDALL, JR.**  
2.3 STREET ADDRESS **4205 N.W. 61<sup>ST</sup> TERRACE**  
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **V**  DELETE  
NAME **VAN ARSDALL, JEANNE H**  
STREET ADDRESS **4205 NW 61ST TERR**  
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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: *Howard E. Van Arsdall, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96** **352-371-0549**  
Date Daytime Phone #

CR2E034 (12/95)