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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032611 (4)

FILED Apr 27 1998 8:00am Secretary of State

TRIPLE BEE LAND & CATTLE CO., INC. Principal Place of Business Mailing Address 4205 N.W. 61ST TERR 4205 N.W. 61ST TERR GAINESVILLE FL 32653 GAINESVILLE FL 32653 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3180469 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.] Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name van arsdall howard e. Jr. 4205 NW 61ST TERR 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32653** 83 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE Signature, typed or probell name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ★ Addition TITLE DEFELE 1.1 TITLE VAN ARSDALL, HOWARD E. JR. NAME 1.2 NAME 4205 NW 61ST TERRACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE VAN ARSDALL, JEANNE H 2.2 NAME NAME 4205 NW 61ST TERR STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 rucciver or trusted 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 in address?

SIGNATURE

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