

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 # P93000069511 (2)

1. Corporation Name:

TRIANGLE C TRANSPORT, INCORPORATED



Principal Place of Business

Mailing Address

RT 2 BOX 270
ED WELLS ROAD NORTH
WAUCHULA FL 33873
US

P.O. BOX 850
WAUCHULA FL 33873
US

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **1649 Ed Wells Road**

26 Suite, Apt. #, etc.

22 City & State

23 **WAUCHULA**

24 **33873**

Country

25 **FLORIDA**

27 City & State

28 **WAUCHULA**

Zip

29 **33873**

Country

30 **US**

4. FEI Number

65-0445369

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CLENNEY, JANICE B
RT 2 BOX 231
HOLLANDTOWN ROAD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name **CLENNEY, JANICE B.**

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

699 N. HOLLANDTOWN RD

83

84 City

WAUCHULA

FL

85 Zip Code

33873

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 *Janice B. Clenney*

(NOTE: Registered Agent signature is required when reappointing)

1-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD CLENNY, JERIL R**
STREET ADDRESS **RT 2 BOX 231 HOLLANDTOWN ROAD**
CITY-STATE-ZIP **WAUCHULA FL**

TITLE ☐ DELETE

NAME **VSTD CLENNEY, JANICE B**
STREET ADDRESS **RT 2 BOX 231 HOLLANDTOWN ROAD**
CITY-STATE-ZIP **WAUCHULA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **699 N. HOLLANDTOWN ROAD**

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **699 N. HOLLANDTOWN ROAD**

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Janice B. Clenney Sec.*

1-16-96

DATE

941 773 6909

DAYTIME PHONE

CR2E034 (12/95)