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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069511 (2)

TRIANGLE C TRANSPORT, INCORPORATED

SIGNATURE: JANICE B. C.

Principal Place of Business 1649 ED WELLS ROAD WAUCHULA FL 33873 US		Mailing Address P.O. BOX 850 WAUCHULA FL 33973-0850 US		1 1021/021 (16 14/46 94/4 92/1 63/1) 64/11	
				3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 01/24/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Ш	Suite, Apt. #, etc.		65-0445369	Not Applicable \$8.75 Additional
Suite, Apt :	#, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent	AL 11	10. Name and Address of New Re	gistered Agent
CLEN	INEY, JANICE B		81 Name	INICE B. CLENA	IEV
	N. HOLLANDTOWN RD		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
WAU	CHULA FL 33873		83	99 N HOLLAND I	DO IV PCO
			84 City 🔥 ,		85 Zip Code
			W.	<i>AUCHULA</i>	FL 33873
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with and accord the obligations.	and 607,1508, Florida Statunf Florida, Such change was	utes, the above-named cor authorized by the corpora- forida Statutes	poration submits this statement for the partion's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE	Chanine.	B. Clinn			1-07-97
SIGNATURE		and title if applicable (NC	OTE: 773 stered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PD Clenny, Jeril R	☐ DELETE	1.1 TITLE		Onlinge Addition
NAME DEPENDENCE OF SECOND	699 N. HOLLANDTOWN ROAD		1.2 NAME 1.3 STREET ADORESS		
STREET ADDRESS	WAUCHULA FL		1.4 CHTY-ST-ZIP		
CITY+ST+7IP TITLE	VSTD	DELETE	2.1 TITLE		Change Addition
NAME	CLENNEY, JANICE B	_	2.2 NAME		
SIREET ADDRESS	699 N. HOLLANDTOWN ROAD		2.3 STREET ADDRESS		
CHY-ST-ZIP	WAUCHULA FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
SIRSET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		- I beree	3.4. CITY-ST-ZIP	and the state of t	Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZP		☐ DELETE	4.4 CITY - ST - Z(P		Change Addition
THE			5.1 TITLE 5.2 NAME		print access the print and a second
NAME CTOTEL & CODDICE			5.3 STREET ADDRESS	ar i	
STREET ADDRESS			5 4 CITY-ST-ZIP	1	
CITY - ST - ZIP TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
I SOLL OF EIL					

14. I do 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.