

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED *Pg. 1 of 2*

97 AUG 12 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000072999 (4)**

1. Corporation Name  
**TRIPLETT ENTERPRISES, INC.**



Principal Place of Business <b>3004 97TH AVE E PARRISH FL 34219</b>	Mailing Address <b>3004 97TH AVE E PARRISH FL 34219</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/12/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
				4. FEI Number <b>65-0442884</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TRIPLETT, ROGER E  
3004 97TH AVE E  
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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

Signature, typed 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 OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**100002268921--9**  
**-08/15/97--01112--014**  
**\*\*\*\*173.75 \*\*\*\*173.75**

*A. Alan*  
**8/12/97**

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.

SIGNATURE

*Roger E. Triplett*

**8/12/97**

**(401) 721-1405**

CR2E034 (4/97)

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**TRIPLETT ENTERPRISES, INC.**  
**3004 97TH AVE E.**  
**PARRISH, FL 34219**  
**(941) 776-9021**

August 5, 1997

Division Of Corporations  
Annual Reports Sections  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

To Whom It May Concern,

I have recieved the 2nd Notice in the mail stating I have not filed my annual report. Upon reciept of this notice I spoke with my accountant as to the possible reason this had not been addressed before. She informed me I had not given her a report with my other business materials at any time this year. We have since searched our files and neither of us can recall having recieved the first notice in the mail.

I have been through everything and every drawer in my home office and have come up empty. I have a habit of getting everthing to my accountant at the beginning of each month for the preceeding month as I own another business along with Triplett Enterprises, Inc. The one thing I pride myself in is keeping my records up to date. I have checked my past filings and know I have always had them in on time.

Please accept my apologies, but I really don't remember having ever recieved my initial report in the mail. I am enclosing my initial fee of \$165.00 as my accountant has stated that is what the fee would have been had we recieved the first report and returned it in a timely fashion.

I do hope you will look upon this and compare my actions of years past and forgive me any additional fees that would normally be attached to the second notice. If there are any questions you might have regarding this matter you can reach me at (941) 776-1605 during working hours or page me at (941) 506-5688. Again, please accept my apologies as I sincerely do not remember having recieved the first notice in the mail.

Sincerely,



Roger E. Triplett