

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000010832
1. Corporation Name

TRIPLE T SOD, INC.

REINSTATEMENT 95-98

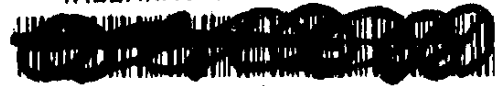
Principal Place of Business
17428 NW 1st Drive,
Okeechobee, FL. 34974

Mailing Address
17428 NW 1st Drive
Okeechobee, FL.
34974

FILED

98 APR -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(W98-5772)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified	
02/03/94	
4. FEI Number	Applied For
65-0466929	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. 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	
TYLER, JAMES N P.O. Box 3191 OKEECHOBEE FL 34972		81 Name James N. Tyler 82 Street Address (P.O. Box Number is Not Acceptable) 301 N. Parrott Avenue 83 P.O. Box 3191 84 City Okeechobee, FL 85 Zip Code 34972	

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 James N. Tyler (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, JAMES N	1.2 NAME	
STREET ADDRESS	301 N. Parrott Ave. PO Box 3191	1.3 STREET ADDRESS	1000024853011
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	-04/10/98--01033--016
TITLE	☐ DELETE	2.1 TITLE	***1208.75
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 James N. Tyler

CF25034 (10/97)