

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

①

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

197 AUG -4 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026041 (1)

1. Corporation Name  
TRIPLE "L" INDUSTRIES, INC.



Principal Place of Business  
8769 BAY POINTE DR  
TAMPA FL 33615  
US

Mailing Address  
8769 BAY POINTE DR  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
04/04/1994

3a. Date of Last Report  
06/11/1996

4. FEI Number

59-3239470

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAVIN, LAWRENCE L  
8769 BAY POINTE DR  
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE  
NAME D LAVIN, LAWRENCE L  
STREET ADDRESS 8769 BAY POINT DR  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME 200002264072-4  
13 STREET ADDRESS -08/11/97--01177--017  
14 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

CR2E034 (4/97)

158  
8/14/97



A Division of  
Triple "L" Industries

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Windtamer Products

8769 Bay Pointe Dr.

Tampa, Fl. 33615

Phone or Fax 1-800-655-7777

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

7/29/97

DEAR SIRs,

WE RECEIVED YOUR 1997 PROFIT CORPORATION ANNUAL REPORT PACKET STAMPED 2 ND NOTICE. WE DID NOT RECEIVE A FIRST NOTICE PACKET. WE CALLED THE PHONE NUMBER ON THE PACKET AND ADVISED THEM OF OUR SITUATION. THEY ADVISED US TO REQUEST A WAIVER OF THE SECOND NOTICE PENALTY AND SEND YOU A CHECK FOR \$165.00.

WE ARE REQUESTING A WAIVER OF THE LATE FEE AND ENCLOSING A \$165.00 CHECK .

THANK YOU FOR YOU COOPERATION IN THIS MATTER .

RESPECTFULLY ,

A handwritten signature in cursive script that reads "Larry Lavin".

LARRY LAVIN , C.E.O.