FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000015320 (1)
1. Corporation Name

TRIPLE C INVESTMENTS, INC.

Principal Place of Rusiness

1095 Indian Trail
454 BOEANNIEW BR

Mailing Address
40 BOK 265
4454 00EANVIEW DR.
DESTIN FL 32540



DEDING IE	DE 0-41	DESTINATE OFFICE				
					3. Date Incorporated or Qualified 3a 02/23/1995	a. Date of Last Report
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			59-3354532	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	<u> </u>		5. Certificate of Status Desired	Fee Required
Oity & State		City & State	n		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for intan	
24]	25 9. Name and Address of Cur	29	[30]		Florida Statutes Yes 17 10. Name and Address of New Regis	
	g, Halle and Address of Qui	rent negratered Agent		1 Name	10. Name and Address of New Regis	stered Agent
COOPE	D DONALD C		Ľ			
COOPER, RONALD G 4454 OGEANWEW DR. 4093 Indoin Trail			8	82 Street Address (P.O. Box Number is Not Acceptable)		
DESTIN	FL 32541	naom II -I -	8	3		
DC01111	7 02011					
			8	4 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.08	02 and 607.1508, Florida Statut	les, the above	named corpor	ation submits this statement for the purpose	of changing its registered office
or register	ed agent, or both, in the State of Fl h, and accept the obligations of, S	onda. Such change was authoriz	zed by the cor	rporation's boar	rd of directors. I hereby accept the appointn	nent as registered agent. Lam
SIGNATURE .	William of the Committee committee of the com-		and the second			
12.	Signature: typed or printed name of registered at OFFICERS	yent and little if applicable (NO AND DIRECTORS		ent signature recipios	. —	(MI)
TITLE	D	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	OOODED IEALBIET					Li Angelia
STREET ADDRESS	4454 ROCANNEW PD 4	093 Indain Trail	1.2 NAM	ET ADORESS		
CiTY-ST-ZiP	DESTIN FL 32541	• -				
TITLE	D	DELETE	1.4 CITY 2 1 TITL			Change Addition
NAME	COOPER RONALD G		9.2 NAMA			El pumiès El vocation
STREET ADDRESS	4454 OCEANVIEW DO	93 Inden Trail	22 5100	ET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY			
TOLE		DELETE	3 1 1110			☐ Change ☐ Addition
NAME			3 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP	; 		3.4 CHTY			
TITLE		□ DELETE	4 1 11111			Change Addition
NAME			4.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	I .		
1111.6	☐ DELETE		5 1 1111		Change Addition	
NAME			5.2 NAMI	.		_ ,
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 City	i		
Trice		☐ DELETE	6 1 1/11	——————————————————————————————————————		Change Addition
NAME			6 2 NAMI	ĺ		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6 4 CITY	+		
AA Lala la al				20.20		

14. Lot 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 trusted 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: ROLL COCCUSIONATURE OF SIGNING OFFICER OR DIRECTOR

2-28-96 904-654-0555