

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000065387 (9)**

1. Corporation Name
TRIPLE A - A, INC.



Principal Place of Business: **6721 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429**
Mailing Address: **6721 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified: **08/22/1995** 3a. Date of Last Report

4. FEI Number: **59-3332751** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**MINIARD, LARENA
6731 WEST NORVELL BRYANT HIGHWAY
CRYSTAL RIVER FL 34429**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
NAME: **MINIARD, LARENA**
STREET ADDRESS: **6731 WEST NORVELL BRYANT HIGHWAY**
CITY-ST-ZIP: **CRYSTAL RIVER FL 34429**

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

1.1 TITLE: **D** Change Addition
1.2 NAME: **Miniard, Larena**
1.3 STREET ADDRESS: **6731 W. Norvell Bryant Hwy**
1.4 CITY-ST-ZIP: **Crystal River FL 34429**

2.1 TITLE: Change Addition
2.2 NAME: **Michael J. Garcia**
2.3 STREET ADDRESS: **6721 W. Norvell Bryant Hwy**
2.4 CITY-ST-ZIP: **Crystal River FL 34429**

3.1 TITLE: Change Addition
3.2 NAME: **Kenneth A. Perry**
3.3 STREET ADDRESS: **6721 W. Norvell Bryant Hwy**
3.4 CITY-ST-ZIP: **Crystal River FL 34429**

4.1 TITLE: Change Addition
4.2 NAME: **Floyd M. Simmons Jr.**
4.3 STREET ADDRESS: **6721 W. Norvell Bryant Hwy**
4.4 CITY-ST-ZIP: **Crystal River FL 34429**

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change Addition
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY-ST-ZIP: _____

14. I do 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 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: *Larena Miniard* _____ Date _____ Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)