

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

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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 34429-7637

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/22/1995	05/01/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-3332751	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINIARD, LARENA 6731 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINIARD, LARENA	1.2 NAME	
STREET ADDRESS	6721 W NORRELL BRYANT HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MICHAEL J.	2.2 NAME	
STREET ADDRESS	6721 W NORRELL BRYANT HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, KENNETH A.	3.2 NAME	Douglas Legg
STREET ADDRESS	6721 W NORRELL BRYANT HWY	3.3 STREET ADDRESS	6731 W. Norrell Bryant Hwy
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	Crystal River FL 34429
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, FLOYD M JR	4.2 NAME	Ronald Haecker
STREET ADDRESS	6721 W NORRELL BRYANT HWY	4.3 STREET ADDRESS	6721 W. Norrell Bryant Hwy
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	Crystal River FL 34429
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	

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: Michael J. Garcia Michael J. Garcia 4/23/97 352-563-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)