

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000065387 (9)**  
 1. Corporation Name  
**TRIPLE A - A, INC.**



Principal Place of Business <b>6721 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429</b>	Mailing Address <b>6721 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/22/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3332751</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MINIARD, LARENA</b>	
STREET ADDRESS	<b>6721 W NORRELL BRYANT HWY</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, MICHAEL J.</b>	
STREET ADDRESS	<b>6721 W NORRELL BRYANT HWYT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEGG, DOUGLAS</b>	
STREET ADDRESS	<b>6721 W NORRELL BRYANT HWY</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HAECKER, RONALD</b>	
STREET ADDRESS	<b>6721 W NORRELL BRYANT HWY</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Floyd Simmons</b>
3.3 STREET ADDRESS	<b>6721 W. Norrell Bryant Hwy</b>
3.4 CITY-ST-ZIP	<b>Crystal River, FL 34429</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 my address.

SIGNATURE: *Michael R Garcia* 4/22/98 352-564-0556

CR2E034 (10/97)