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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARAMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 21, 1999 8:00 am Secretary of State

05-21-1999 90004 002 \*\*\*150.00

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DOCUMENT #	P95000065387

1. Corporation Name

TRIPLE A - A, INC.

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Principal Place	of Business	М	lailing Address					''						
6721 WEST NORVELL BRYANT HIGHWAY 6721 WEST NORVELL BRYANT HIGHWAY														
CRYSTAL RIVER	YSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429						i	DO NOT WRITE IN THIS SPACE						
							3	Date In	corporated or					
							}	08/22	2/1995					
2. Principal Pla	ace of Business	2a	. Mailing Address				4	FEI Nu	mber				Applic	ed For
21		26						59-33	<u> 332751</u>					pplicable
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				5	Certifca	ate of Status D	esired		\$8.7		
22		27										<del></del>	Requ	
City & State	•	ļ,	City & State				6		n Campaign Fi			<b>\$5.0</b>	<b>IU</b> Ma ed to F	-
23		28	7in	Cou	ntry				und Contributi		ant year Inta		:u (0 t	662
Zip	Country	20	Zip Count				8		orporation owe: lat Property Ta		ен усаг ша	Yes	V	No
24	9. Name and Address of Curr	29	stered Agent	30	Ι				and Address		Registered A	gent		
	5. Hame and Address of warr				81	Name	11	1 - 0	4 m:	منم	مم			
MINI	ARD, LARENA				82	Ku	ther	10(	Number is No					-
6731	WEST NORVELL BRYANT HIG	HWAY			02		<b>JII</b>	.U. <b>0</b> 0	~~~~!	B	want	Hu	w.	
CRY	STAL RIVER FL 34429				83			<b></b>					1	
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F.						Pity	esta	1 R	inec		FL.	3	44	ã9 <u> </u>
11. Pursuant t	o the provisions of Sections 607.0	502 and 6	607,1508, Florida Stati	ites, the a	bove	-named	orporation	n submi	ts this statement	nt for the	purpose of c	hanging	its re-	gistered tered
office or re	o the provisions of Sections 607.0 ogistered agont, or both, in the Sta n familiar with and accept the coli	e of Flori gatjøns of	ida. Such change was f, Section 607.0505, F	autnorizet Iorida Stati	utes.	ine corpo	rations	oard or c	mectors, mere	by acce	nie appeni		rogis	10.00
SIGNATURE	1 Water				,					4	100	77		
OIOINTOILE .		•		E: Registered	Agen	t signature re	quired when				DATE	DIDEO	700	2 151 42
12.	OFFICERS A	AND DIRI	ECTORS DELETE	13,			_	ADDITION	ONS/CHANGE	5 10 06	FICERS AND	Chang		Addition
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- NAME	SIMMONS, FLOYD			3.2 N	AME	-	-	_						
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NAME	HAECKER, RONALD			4.2 N							n	١.		
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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