

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000065387**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/22/1995**

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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**

81 Name **Rutherford Miniard**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6721 W. Norvell Bryant Hwy.**  
 83  
 84 City **Crystal River** FL 85 Zip Code **34429**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input checked="" 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 type="checkbox"/> DELETE
NAME	<b>SIMMONS, FLOYD</b>
STREET ADDRESS	<b>6721 W NORRELL BRYANT HWY</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</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	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Rutherford Miniard</b>
1.3 STREET ADDRESS	<b>6721 W. Norvell Bryant Hwy</b>
1.4 CITY-ST-ZIP	<b>Crystal River, FL 34429</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>6721 W. Norvell Bryant Hwy</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>6721 W. Norvell Bryant Hwy</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>6721 W. Norvell Bryant Hwy</b>
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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **Rutherford Miniard** 4/27/99 352-563-0411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)