

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 # P95000065388 (7)

1. Corporation Name

TRIPLE A - B, INC.

Principal Place of Business

**6721 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER FL 34429**

Mailing Address

**6721 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER FL 34429**



3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MINIARD, LARENA**
STREET ADDRESS **6731 W. 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **miniard, Larena**
1.3 STREET ADDRESS **6721 W. Norvell Bryant Hwy**
1.4 CITY - ST - ZIP **Crystal River FL 34429**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Michael D. Arue**
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 **Gary May**
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 **Adolph Gruis**
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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)