

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90191 027 ***150.00

0487456

DOCUMENT # **P95000065388**

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**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

59-3332744

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MINIARD, LARENA**
STREET ADDRESS **6721 W NORVELL BRYANT HWY**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **V** ☐ DELETE

NAME **MICHEAL D. PRUE**
STREET ADDRESS **6721 W NORVELL BRYANT HWY**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **S** ☐ DELETE

NAME **GARY MAY**
STREET ADDRESS **6721 W NORVELL BRYANT HWY**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **T** ☐ DELETE

NAME **ADOLPH GRUIS**
STREET ADDRESS **6721 W NORVELL BRYANT HWY**
CITY-ST-ZIP **CRYSTAL RIVER FL**

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 **D** ☐ Change ☒ Addition

1.2 NAME **Rutherford Miniard**
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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rutherford Miniard 4/27/99 352-564-0556
Date Daytime Phone #

CR2E034 (11/98)