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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000065390 (3)

TRIPLE A - C, INC.

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



Fill Cipal Flace of business		Mailing Address			
6721 W. NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429		6721 W. NORVELL BRYANT HIGHWAY CRYSTAL RIVER FL 34429		•	
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					,
		- 1			08/22/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3332748 Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27	27		Fee Required
City & State		Crty & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curre		1201		10. Name and Address of New Registered Agent
8.818			81	Name	
	IIARO, LARENA	147457		1	
	1 W. NORVELL BRYANT HIGH	WAT	82	Street A	ddress (P.O. Box Number is Not Acceptable)
CR	YSTAL RIVER FL 34429		= -		
			83	'[
			84	City	85 Zip Code
				7 0,	FL S Exp Code
11. Pursuant t	to the provisions of Sections 607.09	02 and 607.1508, Florida Statu	tes, the abov	e-named c	corporation submits this statement for the purpose of changing its registere
office or re	egistered agent, or both, in the Statement to obli-	e of Florida. Such change was dations of Section 607.0505. F	authorized b Iorida Statute	y the corpo	oration's board of directors. I hereby accept the appointment as registered
	III tarrinai wiiri, and accept the obii	gations of Dection oor 1990s, i	ionaa olaloit		
SIGNATURE	Storature, typed or printed name of registured &	only and the if empleable (NO	If Begistered Ad	nent signature n	required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>	DELETE	1.1 TITLE	T	Change Addition
	MINIARD, LARENA				
NAME		I RAM	1.2 NAME		
STREET ADDRESS	6721 W NORVELL BRYANT	MAN 4	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-	ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	İ	Change Addition
NAME	JAMES L PARROT		2.2 NAME	l	
STREET ADDRESS	6721 W NORVELL BRYANT	HWY	2.3 STREE	T ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		2. 4 CITY	· S1 - ZIP	
TITLE	8	DELETE	3.1 TITLE		Change Addition
NAME	JEFFREY A. EVANS		3.2 NAME		
1 1	6721 W NORVELL BRYANT	LKAV			
STREET ADDRESS		11111		T ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	Docto	3.4. CITY	S1-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	ļ	Change Change
NAME	CLIFTON, RODNEY		4. 2 NAMI		
STREET ADDRESS	6721 W NORVELL BRYANT	HWY	4.3 STREE	T ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 JITLE		Change Addition
NAME			5.2 NAME	İ	
STREET ADDRESS				1 ADDRESS	
]			5.4 CITY -	- 1	
CITY-ST-ZIP		DELETE	6.1 T(TLE	SI*ZIF	☐ Change ☐ Addition
TITLE		DELETE		-	Change C Admin
NAME			6.2 NAME		
STREET ADDRESS	2		6.3 STREE	T ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY-		
	- 49 (t) - 4 (and the state of the second se	las tha avenu	ntion states	d in Section 119.07(3)(i) Florida Statutes, I further certify that the information

I meley county that the information supplied which his hing does not quality for the exemption stated in Section 118.07(3)(f), Fibrida Statutes: 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.

CIONATURE.

Porhel Mila

ulalas

352-564-0556