

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90179 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000065390**

1. Corporation Name  
**TRIPLE A - C, 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

3. Date Incorporated or Qualified

**08/22/1995**

4. FEI Number

**59-3332748**

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 Tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MINIARD, LARENA  
6731 W. 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 **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: *Rutherford Miniard*

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MINIARD, LARENA	6721 W NORVELL BRYANT HWY	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
V	JAMES L PARROT	6721 W NORVELL BRYANT HWY	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
S	JEFFREY A. EVANS	6721 W NORVELL BRYANT HWY	CRYSTAL RIVER FL	<input type="checkbox"/>
T	CLIFTON, RODNEY	6721 W NORVELL BRYANT HWY	CRYSTAL RIVER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Rutherford Miniard	6721 W. Norvell Bryant Hwy	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Calvin Aschoff	6721 W. Norvell Bryant Hwy	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 indicates 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: *Rutherford Miniard*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**Rutherford Miniard 4/27/99 352-504-0556**

CR2E034 (11/98)