PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065391

1. Corporation Name

TRIPLE A - D, INC.

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

04-30-1999 90076 011 ***150.00



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Principal Place	e of Business	Mailing Address						
6721 W. NORVELL BRYANT HIGHWAY 6721 W. NORVELL BRYANT HI								
CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429					DO NOT WRITE IN THIS SPACE			
							THIS SPACE	
					3. Date Incorporated	or Quanted		1
_					08/22/1995			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		h	plied For
21		26			<u>59-3332736</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status	Desired 🔲	\$8.75 A Fee Red	
22 27 City & State					- 			· · · · · · · · · · · · · · · · · · · ·
City & State City & State		— ·			6. Election Campaign Trust Fund Contrib	- ,	\$5.00 to Added to	
Zip	Country	Zip	Country		8. This corporation ov			
24	25	29			Personal Property	=		™ No
24	9. Name and Address of Currer		<u> </u>		10. Name and Addres		ered Agent	
		·	81	Name	0 1 10-	٠ ١	<u> </u>	
MINI	iard, larena		82	Kut	hertord In	iniard		
6731 W. NORVELL BRYANT HIGHWAY				Street Add	ress (P.O. Box Number is	Not Acceptable)	4 4.51	Į.
CRYSTAL RIVER FL 34429				0101	W. HOLYE	1 Di yai	· · · · · · · · · · · · · · · · · · ·	
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			84	City	L1 0:		85 Zip C	Code
	7.0.5.007.05	007.4500 Fireda Otabata	45 - abay	Crys	TOI NIVEY	nont for the gurne	ee of changing its	registered
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the comporat	ion's board of directors. I h	ereby accept the	appointment as reg	gistered
agent la	in familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	3.		111	100	Ť
SIGNATURE	Kuthan 1	1				710 _m	<u> </u>	
	Signature, typed or printed name of registered age	ND DIRECTORS	egistered Age	nt signature requir	ADDITIONS/CHANG			RS IN 12
12.	OFFICERS AI	אט טותבט ו טראס 🌽	13.		ADDITIONOR	3E0 10 011 10E	TO THIS BITTLE TO	
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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 arran attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Atherford Minigra