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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000077661 (3)

TRIANGLE ENGINEERING, INCORPORATED

Principal Place of Business

Mailing Address



HIGHWAY U.S. 19 ERIDU FL 32331		ROUTE 1. BOX 116 GREENVILLE FL 32331				
				 Date Incorporated or Qualified 10/05/1995 	3a. Date of Last F	Report
2. Principal Place		2a. Mailing Address	·	4. FEI Number		Applied For
Highway	us. 19 Eridy fl	[26] Rt. 1 BOX 11	6 Greenville	59-33460	124 I	Not Applicable
Sunc, Apt. #, litc. City & State City & Creenville Fl		Suite Apt. #, etc. 27		5. Certificate of Status Desired	\$8.7 9	5 Additional Required
		City & State 28 Grenyille F1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 2 ~ 3	CoUntry	ZP 22 1	Country	8. This corporation has liability for i	L	199.032,
1 3d5	o5 [25] '		30	Florida Stalutes Yes		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	tegistered Agent	
			81 Name			
WIMBERLY, LINDA G			B2 Street Addre	ess (P.O. Box Numbra's Not Acceptable)		
	1, BOX 116		83	- Ans		
	IN ERIDU		83	50.		
GREEN	VILLE FL 32311		84 City		FL 85 Z	'ıp Code
	70 E 607 07 00	of 507 45 (0) Finding State don	the short pegrad comes	ation submits this statement for the pur		registered office
 Pursuant to or registered 	the provisions of Sections 607.0502 a diagent, or both, in the State of Florida	and 607,1508, Fiorida Statutes, a. Sugh change was authorized	by the corporation's boars	ation submits this statement for the pured of directors. Thereby accept the appr	ontment as registere	d agent. I am
familiar with	, and accent the obligations of Section	n 607,0505, Florida Statules		ululai		
SIGNATURE (Juda wim	perey	Brig dered Agent signature helpered	-4114 A	DATE	
SF	OFFICERS AND	A				
10			13.	ADDITIONS/CHANGES TO OFF	TICERS AND DIRECT	ORS IN 12
			13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT Change	
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TITLE NAME	PD Wimberly, Charles e		1 1 HILF 12 NAMÉ	ADDITIONS/CHANGES TO OFF		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WIMBERLY, CHARLES E ROUTE 1, BOX 116 GREENVILLE FL 32311 STD WIMBERLY, LINDA G ROUTE 1, BOX 116 GREENVILLE FL 32311 D CORBETT, RANDY ROUTE 1, BOX 116 GREENVILLE FL 32311 D TODD, DAVID A ROUTE 1, BOX 116	DELETE DELETE	1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIF 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 4.3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 TITLE 5 1 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 TITLE	ADDITIONS/CHÂNGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 12 if changed, or on an attachment with an address