

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077661 (3)**

1. Corporation Name

TRIANGLE ENGINEERING, INCORPORATED



Principal Place of Business

**HIGHWAY U.S. 19
ERIDU FL 32331**

Mailing Address

**ROUTE 1, BOX 116
GREENVILLE FL 32331**

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 **Highway U.S. 19 Eridu, FL**
Suite, Apt. #, etc.

2a. Mailing Address

26 **Rt. 1 Box 116 Greenville**
Suite, Apt. #, etc.

4. FEI Number

59-3346024

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

23 **Greenville, FL**

24 Zip **32331**

25 Country

27 City & State

28 **Greenville, FL**

29 Zip **32331**

30 Country

9. Name and Address of Current Registered Agent

**WIMBERLY, LINDA G
ROUTE 1, BOX 116
U.S. 19 IN ERIDU
GREENVILLE FL 32311**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

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

Linda Wimberly

(NOTE: If a new agent is being appointed, the signature of the new agent must be submitted.)

DATE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIMBERLY, CHARLES E	
STREET ADDRESS	ROUTE 1, BOX 116	
CITY-ST-ZIP	GREENVILLE FL 32311	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WIMBERLY, LINDA G	
STREET ADDRESS	ROUTE 1, BOX 116	
CITY-ST-ZIP	GREENVILLE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBETT, RANDY	
STREET ADDRESS	ROUTE 1, BOX 116	
CITY-ST-ZIP	GREENVILLE FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, DAVID A	
STREET ADDRESS	ROUTE 1, BOX 116	
CITY-ST-ZIP	GREENVILLE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Linda Wimberly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(904) 838-1224

CR2E034 (12/95)