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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000045813 (8)

TRIANGLE SHELL SERVICE INC.

Principal Place of Business Mailing Address							I INDIFEDUR ALD ADING MARKE DURAN BUNIN WEFAR	<b>BB</b> illi <b>Brib</b> at <b>B</b> arbat A		
6101 GULF BLV ST PETE BEAC			6101 GULF BLVD ST PETE BEACH FL 33706-3713							
							3. Date Incorporated or Qualified 05/20/1996	3a. Date of	Last R	eport
·	Pace of Business	2a. Mailing	Address				4. FEI Number		Ap	plied For
21		26					59-3410-287	<i>7</i>	No	t Applicable
Suite, Apt	#, etc	ļeg	Apt. #, etc.				5. Certificate of Status Desired	1 1 7		Additional
22		[27]							Fee Re	·
City & Stat	e	City & S	State				Election Campaign Financing     Trust Fund Contribution		5.00 Added t	May Be
Zip	Country	Zip			ountry					
24	25 29 30		·····			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
BAKI	er, terry			81	Name	ie				
6101	GULF BLVD			82	Stree	et Addres	s (P.O. Box Number is Not Acceptab	le)		
ST P	PETE BEACH FL 33706			83					<del></del>	
					ļ					
				84	City			FL 85	Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508,	Florida Statute	s, the abov	/e-name	ed corpora	ation submits this statement for the p	urpose of char	nging it:	s registered
agent ha	registered agent, or born, in the Stat un familiar with, and accept the oblig	gations of, Section	nange was at n 607.0505, Flo	uthorized b rida Statute	y ine co is.	orporation	n's board of directors. I hereby accep	it the appointin	nent as	registerea
SIGNATURE	en e				·			·		
12.	Sociation types or providence and registered as OFFICERS AN	igent and little & applicable ND DIRECTORS	e (NOTE	Figstered Ag	ent signatu	ure required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIR	FOTOE	PC INI 12
THEF	D	· · · · · · · · · · · · · · · · · · ·	DELETE	1.1 TOLE	************	1	ADDITIONS/OFFICES TO STATE		Change	Addition
NAME	BAKER, TERRY	=		1.2 NAME				-	JIMI19-	learned of the contract.
STREET ADDRESS	6635 BAY ST				T ADDRESS	s				
C1*Y-\$1-7iP	ST PETE BEACH FL 33706			1.4 City - S		<b>"</b>				
DIFLE	D		DELETE	2 1 TITLE	D1 &		<del>11. 11. 11. 11. 11. 11. 11. 11. 11. 11.</del>		Change	Addition
NAM!	BIDEAUX, WESLEY G			22 NAME				_		<del></del>
STREET ADDRESS	7912 CAUSEWAY BLVD S				T ADDRESS	s				
CITY - \$1 - 7(t)	ST PETERSBURG FL 33706			2 4 DITY -		<u> </u>				
TTLf			DELFTE	3 1 TITLE		1			Change	Addition
NAME				3.2 NAME						
STREET ADORESS				33 STREE	t address	s				
CHY-ST 2if:				3 4. CITY -	ST-ZIP					
inte			DELETE	4 1 TITLE					Change	Addition
NAME				4. 2 NAME						
\$TREET ATERIESS				4.3 STREE	t address	s				
City-St ZiF				4.4 CITY - S	ST-ZIP	l				
TITLE			DELFTE	5 1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5 3 STREE	T ADDRESS	s				
City-St ZIP				5.4 CITY-5	ST-ZIF					
TITLE			DELETE	6.1 TITLE		T			Change	Add tion
NAME				6.2 NAME		-				
STHEFT ADDRESS				6.3 STREET	I ADDRESS	s				
C(1) - S7 - Z(P				6.4 CHY S	ST - ZIP					

14. He 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 oriented 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.

URBALL TERRY EBAKER