PROFIT

CORPORATION

ANNUAL REPORT

1999

TRIPLE COOL, INC.

24

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

OTY-51-20

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TITLE NAME

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Principal Place of Business Malling Address							, , , , , , , , , , , , , , , , , , , ,				
1523 NE 22ND STREET 1523 NE 22ND STREET OCALA FL 34470 OCALA FL 34470						1	<u>ج</u>				
			70			1.0	DO NOT WRITE IN THIS SPACE				
						1 D	ate Incorporated or Qualife		SPACE		
						1 -	4/28/1997	•		į	
2. Principal Place of Business 2s. Mailing Address							4, FEI Number Applied For				
-			y ruoress				9-3443633			ot Applicable	
*1 j	# -1-		Suite, Apl. #. etc.				3-0443000				
			в, мрс. и, всс.							8.75 Additional	
City & Stat		City & Sta	City & State								
, -	U	·				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country Z ^{ij} p			Countr						to rees ,	
-	25	29	[30]				ns corporation owes the cu ersonal Property Tax.		ingioie ∐Yes	Z No	
24	9. Name and Address of Curr			' '			ame and Address of New				
CALLAHAN, MAURICE					Name	10. 10.					
1523 NE 22ND STREET OCALA FL 34470				8	Street Ad	idress (P.O.	. Box Number is Not Accep	table)		1	
				B3							
				*	'					' 1	
				8	City				85 Zip (Code	
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11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Fi te of Florids, Such ch	orida Statutes, ange was euthi	the abor orized b	/e-named co / the comora	rporation su ition's boarr	ibmits this statement for the diofidirectors. I hereby acci	a purpose of c apt the appoin	shanging Ita Iment as re	registered laistered	
agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obli	pations of Section 6	7.0505, Florida	Statute	1			e	-	_ (
SIGNATURE	CHORSE	Zal			2			37	=72		
	Signature, typed or printed name of registered a		(NOTE: Re		ent algoriture requ			DATE	DIDEOT!		
12.	OFFICERS AND DIRECTORS D DELETE		DELETE	13.		AU	DITIONS/CHANGES TO O	FFICERS AN	☐ Change	Add/tion	
TITLE	D	— · · · ·		1.1 TITLE					Chambe	LI AUGUS	
NAME	CALLAHAN, MAURICE		12 NAME)		
STREET ADDRESS					13 STREET ADDRESS					J	
CITY-ST-ZIP					TY-ST-ZP						
TITLE DELETE 2				2.1 TITLE					☐ Change	☐ Addition	
HAME				22 NAME	ĺ					ĺ	
ETREET ANABESS				23 STRE	T ADDRESS					l l	

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64 CITY- \$1-21P 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 business improvered 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 an an attachment with as address, with all other like employment.

2 4 CITY-ST-20P

34 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY+\$1-2IP

6.3 STREET ADDRESS

32 NAME 3.3 STREET ADORESS

4.1 TITLE

4. 2 NAME 43 STREET ADDRESS

SITITLE 52 NAME 53 STREET ADORESS

6 1 TITLE

DELETE

DELETE

DELETE

DELETE

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SIGNATURE: Supply Will Type On Bentie Russe or House of 352 62L 3627