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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052380 (7)

S & T TRIPPIN, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			n indilibūs ila incisi ilūšis antiši dūjsi kbasi dabidi	MISTO TIDON PINDA PONTA DOSA 1001
7525 THUNDERHEAD ST. WESLEY CHAPEL FL 33544		7525 THUNDERHEAD ST. WESLEY CHAPEL FL 33544		DO NOT WRITE IN TH	HIS SPACE	
ĺ					3. Date Incorporated or Qualified	
					06/12/1997	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26 Suite. Apt. #. etc. Suite. Apt.					59-3454630	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the	current year Intangible
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it negistered Agent	8	1 Name	10. Name and Address of New Register	ea võeut
MORRISON, TIMOTHY E 7525 THUNDERHEAD ST. WESLEY CHAPEL FL 33544			ľ	Name		
			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
ļ " "	OLLI OIM LETE OUTT		В	3		
			8	4 City		85 Zip Code
44 Ourouget	to the provinces of Sections 507 050	2 and CO7 14/09 Elected Plate	loo tho abo	L		a of changing its registered
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Significant, typed or printed name of tog stered age	n) and bile if analisable (NO	11 Registered A	gent signature requ	ired when reinstating) DA1	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.	B. Itt offixing c tests.	ADDITIONS/CHANGES TO OFFICERS	······································
TITLE	D	DELETÉ	1.1 THILE			Change Addition
NAME	MORRISON, SUSAN E		1,2 NAMI	.		
STREET ADDRESS	7525 THUNDERHEAD ST.		1.3 STHE	F1 ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY	-ST-ZIP] []
TITLE	D	DELETE	2.1 TITLE			Change Addition C
NAME	MORRISON, TIMOTHY E		2,2 NAMI			
STREET ADDRESS	7525 THUNDERHEAD ST.		2.3 STRE	ET ADORESS		Ì
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		2 4 CHY	- ST - ZIP		
TITLE		☐ DELET E	3.1 THE	[☐ Change ☐ Addition
NAME			3.2 NAME	E		
STREET ADDRESS			3 .3 STRE	E1 ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		☐ DELE1E	4.1 TITLE			Change Addition
NAME			4. 2 NAM	ŧ		
STREET ADDRESS			4.3 STREE	E1 ADDRESS		
CITY-ST-ZIP		Delete	4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	l l		
STREET ADDRESS				ET ADDRESS		}
CITY-ST-ZIP		Drugge	5.4 City			Clobara Class
TITLE		☐ DELETE	6.1 TITLE	ľ		Change Addition
NAME	•		6.2 NAME			
STREET ADDRESS	\ \tag{\psi}			ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	SI-ZIP		

14. Thereby certify that the information supplied with this filling 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 trusted 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.

NONATURE Youth of May 1 1100

11-12-95 (00)072-1787