**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000052380

1. Corporation Name

S & T TRIPPIN, INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90007 027 \*\*\*150.00



	·						[8   [10   10   11   00   1   10   1	
Principal Place of Business Mailing Address								
7525 THUNDERHEAD ST. 7525 THUNDERHEAD ST.								
WESLEY CHAPEL FL 33544 WESLEY			SLEY CHAPEL FL 33544			DO NOT MIDITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPAC  3. Date Incorporated or Qualifed		
			_			06/12/1997		
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26			59-3454630 Not Applicable		
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			- Cartifanta of Ctatus Desired	.75 Additional	
22		27	27			5. Ceruicate di Otatos Desired	ee Required .	
City & State	8	City &	City & State			6. Election Campaign Financing	5.00 May Be	
23		28	28			Trust Fund Contribution A	ided to Fees	
Zip Country		Zip				8. This corporation owes the current year Intangible		
24	25	29	30	l		Personal Property Tax.	s 🗆 No	
	9. Name and Address of Current	Registered A				10. Name and Address of New Registered Agent		
				81	Name		Į	
MORRISON, TIMOTHY E				90	Street Ad-	dress (P.O. Box Number is Not Acceptable)		
7525	THUNDERHEAD ST.		82		Street Add	gress (F.O. Box Nutriber is Not Acceptable)	.	
WES	LEY CHAPEL FL 33544							
	,			84	City	FL  85	Zip Code	
	to the provious of Captions 607 0500	ond 607 4506	Florida Statutos	the above		poration submits this statement for the purpose of change	ing its registered	
office or r	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such	i change was authi	onzed by	the corporat	ion's board of directors. I hereby accept the appointment	as registered	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					t signature requir	red when reinstating) DATE	COTODE IN 40	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12		
TITLE	D		☐ DELETE	1.1 TITLE	ļ		ieniae T. Wodnodii	
NAME	MORRISON, SUSAN E			1.2 NAME	1		,	
STREET ADDRESS	7525 THUNDERHEAD ST.			1.3 STREE	ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33544			1.4 CITY-S	T-ZIP			
TITLE	D		DELETE	2.1 TITLE	,	□¢	nange 🔲 Addition	
NAME	MORRISON, TIMOTHY E	•		2.2 NAME	<u>.</u>			
STREET ADDRESS	7525 THUNDERHEAD ST.			2.3 STREE	ADDRESS		ļ	
CITY-ST-ZIP	WESLEY CHAPEL FL-33544			2.74 CITY-5	ST-ZIP	متهدي من الله المعالم المعالم		
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NAME	h			3.2 NAME	1		1	
	•				ADDRESS			
STREET ADDRESS							į	
CITY-ST-ZIP			DELETE	3.4. CITY-5	)1-ZIF	Пс	nange	
TITLE							· ····	
NAME	·	•		4. 2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		****	□ pri rve	4.4 CITY-S	T-ZIP		hange Addition	
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NAME				5.2 NAME			i	
STREET ADDRESS	·				TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE .			DELETE	6.1 TITLE	1	□□□	nange	
NAME				6.2 NAME				
l				6.3 STREE	TADDDESS			
STREET ADDRESS	ad and a contract			0.0 OTALL	I ADDICESS	,		

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 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, with all other like empowered.