

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 031 ***150.00

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1. Entity Name
TRIPLE JJJ, INC.



Principal Place of Business
5111 CRILL AVENUE
PALATKA, FL 32177

Mailing Address
5111 CRILL AVENUE
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE



05122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0788899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, CONNIE F
5111 CRILL AVENUE
PALATKA, FL 32177

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIGGINBOTHAM, CONNIE F
STREET ADDRESS	166 SLAUGHTER ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	V
NAME	HIGGINBOTHAM II, MAURICE G II
STREET ADDRESS	166 SLAUGHTER ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	SMITH, T.J.
STREET ADDRESS	P.O. BOX 574
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie F. Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2006

Date

386-325-2589

Daytime Phone #