## 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 # P97000095912 (6)

TRIPLE C HOMES, INC.

CITY-ST-ZIP

## FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 252 PINEMOUNT ROAD ROUTE 11. BOX 4 LAKE CITY FL 32055 LAKE CITY FL 32055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes □ No 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORBETT, KEVIN J Namo 1126 HOWARD STREET EAST 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and thin if applicable (NOTE Registered Agent's gnature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 1.1 TITLE Change Addition SMITH, MICHAEL J NAME 1.2 NAME 8922 122ND ST. 1.3 STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 1111 6 CORBETT, ROBERT I NAME 2.2 NAME **5520 PINE CREST** STREET ADDRESS 2.3 STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CORBETT, KEVIN J NAME 3.2 NAME **7134 52ND STREET** STREET ADDRESS 3.3 STREET ADDRESS LIVE OAK FL 32080 CITY-ST-ZIP 3.4. CITY - ST- ZIF DELETE Addition Change TITLE 4.1 TITLE CORBETT, ROBERT P NAME 4. 2 NAME 7092 59TH DR. STREET ADDRESS 4.3 STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 eath; 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 attaghment with an address.

6.4 CITY - ST - ZIP

Make S Smith

-1-98

914-752-6569