PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000095912

TRIPLE C HOMES, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90025 004 ***150.00



Principal Place of Business Mailing Address						(1981/89) He lett taatt affit anni agtit anni agtit anni agtit anni agtit anni
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 Qualifed
)
Address Address						11/07/1997 4. FEI Number 62 2 4 5 110 Applied For
2. Principal Place of Business 2a. Mailing Addres			ress			APPLIED FOR 59-3476949 Not Applicable
21		26				\$8.75 Additional
Suite, Apt.	#, etc.	}- 	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		City & State	City & State			
City & State		<u> </u>	7			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
		28 Zip				
Zìp				unuy		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25		10	т—		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				81	Name	10. Hame and Address of Now Addistrise Agent
CORBETT, KEVIN J						
1126 HOWARD STREET EAST				82	Street /	Address (P.O. Box Number is Not Acceptable)
LIVE OAK FL 32060				83		
LIVE	OAK 12 52000			03		
				84	City	85 Zip Code
_						
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						
l agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE & Kevin J. Corbet Kevin J Corbett 4-8-99						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	XI DELETE	1.1 TITLE		ŧ	☐ Change ☐ Addition
NAME	SMITH, MICHAEL J		1.2 NAME			
STREET ADDRESS	8922 122ND ST.		1.3 STREE		ADORESS	
CITY-ST-ZIP	LIVE OAK FL 32060		1.4 CITY-		ZIP	
TTLE .	D	☐ DELETE	2.1 TI	MLE		☐ Change ☐ Addition
NAME	CORBETT, ROBERT I		2.2 NAME		į	
STREET ADDRESS	5520 PINE CREST		2.3 STREE		ADDRESS	}
CITY-ST-ZIP	_LIVE OAK FL 32060		2. 4 CITY-		-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		1	☐ Change ☐ Addition
NAME	CORBETT, KEVIN J		3.2 NAME			
STREET ADDRESS	THE STATE OF THE S		3.3 S	TREET	ADDRESS ((
CITY-ST-ZIP	LIVE OAK FL 32060		3.4. CITY-		- ZIP	
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	CORBETT, ROBERT P	,	4. 2 NAME		1	1
STREET ADDRESS	7092 59TH DR.		4.3 STREE		ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060		4.4 CTTY-5			
TITLE	LIVE OFFICE SECOND	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		- 1	1
STREET ADDRESS			5.3 STREE		address	}
		•	5.4 C/TY-S			1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
			6.2 NAME		1	
NAME			•		*DDBEec	}
STREET ADDRESS			6.3 STREET ADDRESS 6.4 C/TY-ST-Z/P		i i	}
CITY-ST-ZIP			6.4 C	лү-SŢ-	ZIP	

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.