## 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 # P97000096368 (0)

TRIPLE A INVESTMENTS, INC.

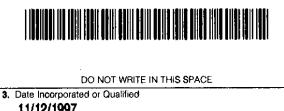
Principal Place of Business

Mailing Address

3065 N.E. 49TH STREET

3065 N.E. 49TH STREET OCALA FL 34479

## FILED May 11 1998 8:00am Secretary of State



					7 1/ (E) (OO)		
2. Principai	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	✓ App	lied For
21		26	26			Not	Applicable
Suite, Api	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AC	ditional
22		27	27		5. Certificate of Status Desired	Fee Req	julred
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 N	Jav Be
23		28	28		Trust Fund Contribution	Added to	
Ζiρ	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes 🗌	No
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
ALDRICH, LISA M				81 Name			
3065 N.E. 49TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 34479				Street Address (F.O. box Multibol is Not Acceptable)			
OUND I E OTTIO			83			<del></del>	
			<u>[</u>				
			84	City	F	85 Zip C	ode
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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
		RS AND DIRECTORS	13.	ant signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	IN 12
12.	T D	DELETE	1.1 TITLE	Т-	ADDITIONS/CHANGES TO OTT ICERS AN	Change	Addition
	ALDRICH, LISA M		1.2 NAME			LL Change	
NAME		r					
STREET ADDRESS	OCALA FL 34479			ADDRESS			[}
CITY-ST-ZIP	OCALA PL 34478	DELETE	1.4 CITY - S	ST-ZIP		Change	Addition
TITLE		ב שנכנונ	2.1 TITLE			L onange	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP			2. 4 CITY - S	ST-ZIP		Change	Addition
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY - 9	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Change	Addition
NAME			5.2 NAME				ŀ
STREET ADORESS	.]		5.3 STREET	ADDRESS			j
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP			
TITLE		☐ DÉLETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY+ST+ZIP			6.4 CiTY - S				1
CHIT-ST-ZIP	1		■ 0.4 VIII * 3	)!"AIF			

14. Thereby 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 altachment with an address.

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