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**PROFIT** CORPORATION ANNUAL REPORT 1999



DOCUMENT # P98000011118

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90125 001 \*\*\*150.00

| TRIPLE S & ASSOCIATES, INC. |                 |              |
|-----------------------------|-----------------|--------------|
| ncipal Place of Business    | Mailing Address | <br>1841 100 |
| O STATE BOAD                | AIM STATE BOAD  |              |

| Principal Place               | e of Business  | Mailing Address              |          |                            |                  | -{   |             | 11. 11001 11001 1100 |                       |
|-------------------------------|--|------------------------------|----------|----------------------------|------------------|--|-------------|----------------------|-----------------------|
| 4100 STATE RO                 | DAD  | 4100 STATE ROAD              |          |                            |                  |  |             |                      |                       |
| SUITE 2304                    | SUITE 230A   |                              |          | DO NOT WRITE IN THIS SPACE |                  |  |             |                      |                       |
| STARKE FI. 320                | ) <del>s</del> i   | STARKE FL 32091              |          |                            |                  | 3. Date Incorporated or Qualifed                         |             | S SPACE              |                       |
| · _ ·                         |  |                              |          |                            |                  | 02/04/1998   |             |                      |                       |
| <b>⊢</b> ⊢ `                  | lace of Business   | 2a. Mailing Address          |          |                            |                  | 4. FEI Number  |             | Aţ                   | plied For             |
|                               | 8 SE SE 100  | 26 YU 130K 1                 | <u> </u> | <u>ا</u>                   |                  | 59-3491547   |             |                      | ot Applicable         |
| Suite, Apt.                   | #, etc.  | Suite, Apt. #, etc.          |          |                            |                  | 5. Certificate of Status Desired                         |             |                      | Additional<br>equired |
| City & Stat<br>23 5 † a       | La Ei  | City & State  28 Starke      | F        | <u></u>                    |                  | Election Campaign Financing     Trust Fund Contribution  |             |                      | May Be<br>o Fees      |
| 24 320°                       | R1 25 Bradford   | Zip<br>29 3 2091             |          | intry<br>Xac               | Hord             | This corporation owes the cur     Personal Property Tax. | rent year 1 | ntangible<br>Yes     | Χino                  |
|                               | 9. Name and Address of Current   |                              | <u></u>  |                            | + (-171          | 10. Name and Address of New                              | Registere   | d Agent              |                       |
|                               | **************************************   |                              |          | 81                         | Name             |  |             |                      |                       |
|                               | rilawyer<br>Almeria avenue   |                              |          | 82                         | Street Addre     | ess (P.O. Box Number is Not Accept                       | able)       |                      |                       |
| ì                             | AL GABLES FL 33134   |                              |          | 83                         |                  |  |             |                      | -                     |
|                               |  |                              |          | 84 (                       | City             |  |             | . 85 Zip             | Code                  |
|                               |  |                              | _        | ["                         |                  |  | Fil         |                      |                       |
| office or re                  | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga ic | Florida. Such change was aut | horized  | by the                     |                  |  |             |                      |                       |
| SIGNATURE                     | , , ,  | ,                            |          |                            |                  |  |             |                      | 1                     |
|                               | Signature, typed or printed o me of registered agents  |                              |          | Agent si                   | gnature recuired |  | DATE        |                      |                       |
| 12.                           | PD OFFICERS AND  | DIRECTORS DELETE             | 13.      |                            |                  | ADDITIONS/CHANGES TO OF                                  | FICERS A    |                      |                       |
| TITLE                         | SMITH, KENNETH ,   | □ DEFE≀E                     | 1.1 TIT  |                            | PC               |  |             | Change               | ☐ Addition            |
| NAME                          | ~4100-STATE ROAD   |                              | 12 NA    | REET AL                    | .J(Y             | nith, Kenneth<br>18 SESR100                              |             |                      |                       |
| STREET ADDRESS<br>CITY-ST-ZIP | STARKE FL 32091  |                              | 1        | TY-ST-Z                    | ים לכדי          | arke, FL 32091   |             |                      |                       |
| TITLE                         | VD   | ☐ DELETE                     | 2.1 Th   |                            | מאו              | •  |             | Change               | Addition              |
| NAME                          | SMITH, JANIE M   |                              | 2.2 NA   |                            | Sim              | ith Janie M.   |             | A                    | _                     |
| STREET ADDRESS                | 4100 STATE ROAD  |                              | 2.3 ST   | REETAD                     | DRESS 7 3        | ith, Janie M.<br>18 SESR 100                             |             |                      | }                     |
| CITY-ST-ZIP                   | STARKE FL 32091  |                              | 1        | ITY-ST-Z                   | ₽ 8:+            | arke, F2 32091   |             |                      |                       |
| TITLE                         |  | ☐ DELETE                     | 3.1 TIT  |                            |                  |  |             | Change               | Addition              |
| NAME                          |  |                              | 3.2 NA   | ME                         |                  |  |             |                      |                       |
| STREET ADDRESS                |  |                              | 3.3 ST   | REETAD                     | DRESS            |  |             |                      |                       |
| CITY-ST-ZIP                   |  |                              | 34 CI    | TY-ST-Z                    | iP               | <del></del>  |             |                      |                       |
| TITLE                         |  | DELETE                       | 4.1 TIT  | TLE                        |                  |  |             | Change               | ☐ Addition            |
| NAME                          |  |                              | 4. 2 N   | AME                        |                  |  |             |                      |                       |
| STREET ADDRESS                |  |                              | 4.3 ST   | REET AD                    | DRESS            |  |             |                      |                       |
| CITY-ST-ZIP                   |  |                              |          | TY-ST-ZI                   | P                |  | <u> </u>    |                      |                       |
| TITLE                         |  | ☐ DELETE                     | 5.1 TIT  |                            | j                |  |             | ☐ Change             | ☐ Addition            |
| NAME                          |  |                              | 5.2 NA   |                            | Dece             |  |             |                      |                       |
| STREET ADDRE 3S               |  |                              |          | REET AD                    |                  |  |             |                      |                       |
| CITY-ST-ZIP                   |  | ☐ DELETE                     | 61 TIT   | TY-ST-ZI                   | <del>-</del>     |  |             | Change               | Addition              |
| TITLE                         |  | C DECEIL                     | 6.2 NA   |                            |                  |  |             | change               | ☐ ∨aniani             |
| NAME<br>expect apprecia       |  |                              |          | REET AD                    | DRESS            |  |             |                      |                       |
| STREET ADDRESS CITY- ST-ZIP   |  |                              | ı        | TY-ST-ZI                   | !                |  |             |                      | -                     |
| CIT-31-4P                     |  |                              | J J      |                            |                  |  |             |                      | <b>I</b>              |

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: Janie M.