

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 10 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S33864 (7)

1. Corporation Name
TRIPLE-C, INC.

Principal Place of Business

11781 SW 226 ST
GOULDS FL 33170

Mailing Address

11781 SW 226 ST
GOULDS FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0270277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

PARRISH, CHRISTOPHER
11781 SW 226 ST
GOULDS FL 33170

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.

SIGNATURE

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARRISH, CHRISTOPHER
STREET ADDRESS	11781 S.W. 226 STREET
CITY - ST - ZIP	GOULDS FL
TITLE	VP/D
NAME	Parrish, Christopher A.
STREET ADDRESS	11781 SW 226th St
CITY - ST - ZIP	Goulds, FL
TITLE	Secretary/Treasurer
NAME	Cecil Parrish
STREET ADDRESS	29615 SW 158th Court
CITY - ST - ZIP	Miami, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, D	☒ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4 95 305-258-6303

(Typed Name)

305-258-4502

0207181 CP