

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V18209

1. Corporation Name

TRIPLE S ENGINEERING, INC.

Principal Place of Business

Mailing Address

9807 54TH STREET  
TEMPLE TERRACE FL 33617  
US

9807 54TH ST.  
TEMPLE TERRACE FL 33617  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, PAUL R.  
7522 N 40TH ST.  
TAMPA FL 33604

81 Name

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

83

84 City

FL

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PO

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

COMBES, PATRICIA A.

12 NAME

STREET ADDRESS

9807 54TH ST.

13 STREET ADDRESS

CITY - ST - ZIP

TEMPLE TERRACE FL

14 CITY - ST - ZIP

TITLE

D

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

BARRILLEAUX, DAWN

22 NAME

STREET ADDRESS

617 ROLLINGWOOD LANE

23 STREET ADDRESS

CITY - ST - ZIP

VALRICO FL

24 CITY - ST - ZIP

TITLE

D

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

SMITH, DENISE

32 NAME

STREET ADDRESS

2706 HIDEWAY LANE

33 STREET ADDRESS

CITY - ST - ZIP

VALRICO FL

34 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

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 119.07(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:

Dawn Barrilleaux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 813-985-6544

Date

Daytime Phone #

CR2E034 (12/95)