

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V58978 (0)**  
1. Corporation Name: **TRIPLE C TRANSPORTATION, INC.**



Principal Place of Business: **8640 GRAYBAR DR. JACKSONVILLE FL 32221**  
Mailing Address: **8640 GRAYBAR DR. JACKSONVILLE FL 32221**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **08/20/1992**  
3a. Date of Last Report: **04/04/1995**  
4. FEIN Number: **59-3138512**  
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  
10. Name and Address of New Registered Agent

**ADAMS, CHARLES DAVID  
8640 GRAYBAR DR.  
JACKSONVILLE FL 32221**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
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 agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DPT	<input type="checkbox"/> DELETED
2. NAME	ADAMS, CHARLES DAVID	
3. STREET ADDRESS	8640 GRAYBAR DR	
4. CITY, ST, ZIP	JACKSONVILLE FL	
5. TITLE	VS	<input type="checkbox"/> DELETED
6. NAME	ADAMS, DEBORAH STRING	
7. STREET ADDRESS	8640 GRAYBAR DR	
8. CITY, ST, ZIP	JACKSONVILLE FL	
9. TITLE		<input type="checkbox"/> DELETED
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETED
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. 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(2)(k), Florida Statutes. I further certify that the information indicated on this filing is a 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, director, or trustee or the receiver or trustee, or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof. I, \_\_\_\_\_, do hereby accept appointment with an address.

SIGNATURE: *Charles D Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charles D Adams**

3-22-96 (904) 781-9241

CR2E034 (12/95)