

3 27-97 B-3660 C  
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 Mar 27 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 32221-1809**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>Coan Road</b>		26. <b>Route 1, Box 987</b>		<b>08/20/1992</b>	<b>04/01/1996</b>
22. City & State		27. City & State		4. FEI Number	Applied For
23. <b>SANDERSON, FL</b>		28. <b>SANDERSON, FL</b>		<b>59-3138512</b>	Not Applicable
24. <b>32087</b>		29. <b>32087</b>		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
25. <b>FLORIDA</b>		30. <b>FLORIDA</b>		<input type="checkbox"/>	<input type="checkbox"/>
26. <b>BAKER</b>		31. <b>BAKER</b>		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
27. <b>BAKER</b>		32. <b>BAKER</b>		<input type="checkbox"/>	<input type="checkbox"/>
28. <b>BAKER</b>		33. <b>BAKER</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29. <b>BAKER</b>		34. <b>BAKER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ADAMS, CHARLES DAVID</b> <b>8640 GRAYBAR DR.</b> <b>JACKSONVILLE FL 32221</b>				<b>ROUTE 1, BOX 987</b> <b>SANDERSON, FL 32087</b>			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, CHARLES DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>8640 GRAYBAR DR</b>	1.3 STREET ADDRESS	<b>Route 1, Box 987</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-STATE-ZIP	<b>SANDERSON, FL 32087</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, DEBORAH STRING</b>	2.2 NAME	
STREET ADDRESS	<b>8640 GRAYBAR DR</b>	2.3 STREET ADDRESS	<b>Route 1, Box 987</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-STATE-ZIP	<b>SANDERSON, FL 32087</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby 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 in an attachment with an address.

SIGNATURE: **Deborah S. Adams** 3/21/97 (904) 353-4811 ext # 5558  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)