

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AM FILED 09-30-2002 90176 026 ****61.25
SECRETARY OF STATE V58978
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

DOCUMENT # V58978
1. Entity Name
TRIPLE C TRANSPORTATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
11892 TENNESSE ST.
Suite. Apt. #. etc.
City & State
SANDERSON, FLORIDA
Zip Country
32087 BAKER

4. FEI Number
59-3138512
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ADAMS, CHARLES DAVID
Street Address (P.O. Box Number is Not Acceptable)
11892 TENNESSEE ST.
City SANDERSON FL Zip Code 32087

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ADAMS, CHARLES DAVID		11892 TENNESSE ST.	SANDERSON, FL.	32087
VP	DURRENCE, RAYMOND		1078 KNOLL COVE	JACKSONVILLE, FL	32221
VP	DURRENCE, RANDALL LEE		11842 TENNESSEE ST.	SANDERSON, FL.	32087
S	DURRENCE, LAVENIA M.		11842 TENNESSEE ST.	JACKSONVILLE, FL	32087

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lavenia M. Durrence LAVENIA M. DURRENCE 9/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/7/02 aw

CR2E034B (12/01)