## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H64821 (2) TRI-STATE CONTRACTORS OF FLORIDA, INC.						
Principal Place of Business Mailing Address					ı tabini dile dilik didel ibile tide tide dibil dibil dibil di	IR WEBLI WIWIE EDWI
3051 FAYE ROAD P.O. BOX 26308 JACKSONVILLE FL 32226		3051 FAYE ROAD P.O. BOX 26308 JACKSONVILLE FL 32226			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address			07/02/1985 4. FEI Number	Applied For
21	26				59-2554201	Not Applicable
Suite, Apt.	9, Apt. #, etc. Suite, Apt. #, etc.					5 Additional
22	27				Fe Fe	e Required
City & Stat	F-1					00 May Be
Zip	28   Country   Zip   Cou					led to Fees
24	25	}	Country 30		This corporation owes or has paid the current year     Personal Property Tax due June 30.     Yes	ir Intangible □ No
[24]	9. Name and Address of Current	A	50)		10. Name and Address of New Registered Agent	
PC	ONSELL WALTER R.		81	Name		
10844 ALTA DR				Street Ad	idress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32226			62	Oliect Me	Soless (1.0. Dox Humber is Not Acceptable)	
			83			
			84	City	85	Zip Code
				•	FL! (	. [
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, typod or printed name of registered agent	end title discoverable. (BICTE)	Provintered Age	of pictors at an	quired whon rainstating) DATE	_,
12.	OFFICERS AND		13.	d. signature red	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE			1.1 TITLE	- $T$	☐ Char	
NAME	PONSELL, WALTER RANDALL		12 NAME			
STREET ADDRESS	10844 ALTA DR		1.3 STREET	ADDRESS		li
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - S	T - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·		2.1 TITLE		Char	ige 🛄 Addition
NAME	HESS, RONALD DEAN		2.2 NAME	-		1
STREET ADDRESS	2149 SAYE DR		2.3 STREET			
CITY-\$T-ZIP			2. 4 CHY-S	11 · Z(P	Char	ige Addition
TITLE NAME	PONSELL, EMOGENE SANDRA		3.1 TITLE 3.2 NAME		Criar	ige LJ Addicion)
STREET ADDRESS	10844 ALTA DR	•	3.3 STREET	AUUBEcc		ļ
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-S			Ì
TITLE			4.1 TITLE		Char	ge Addition
NAME			4. 2 NAME	]		1
STREET ADDRESS			4 3 STREET	address		
CITY-ST-ZIP			4.4 City-S	I - ZIP		
TITLE	DELETE 5.1 T		5.1 TITLE		Chan	ige Addition
NAME			5.2 NAME		<i>√</i> ~	V9 1
STREET ADDRESS			5.3 STREET		$\mathscr{A} >$	1 1
CITY-ST-ZIP			5.4 CITY - ST	1-7IP		<u>'</u>
TITLE		☐ DELETE	6.1 TITLE		4000024247566 -02/03/9801020030	ige 🔲 Addition
NAME			62 NAME		***158.00	1
STREET ADDRESS			6.3 STREET	AUURESS I	<b>かやかまじしょりじ</b>	

14. Thereby 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 fusted employeded to execute this record 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: Sandra Ponsell

**FILED** 

Feb 09 1998 8:00am

Secretary of State