

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847879**

(4)

1. Corporation Name

TRI-STATE MOTOR TRANSIT CO.

Principal Place of Business

**E 7 ST RD HWY 1-44
JOPLIN MO 64801**

Mailing Address

**E 7 ST RD HWY 1-44
JOPLIN MO 64801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1981

3a. Date of Last Report

05/17/1984

4. FEI Number

44-0529313

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

4-28-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

EVP

DEEL, DARYL W.

E 7TH STREET

DUENWEG MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

VROOMAN, EDWARD A.

2 WALL STREET

NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

HOFFMAN, HENRY P

E 7TH STREET

DUENWEG MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LAWRENCE, MICHAEL L

E 7TH STREET

DUENWEG MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

MANGONE, PHILIP

E 7TH STREET

DUENWEG MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BERDOW, ROBERT H.

140 THOMPSON ST.

NEW YORK NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE VROOMAN

J MICHAEL MAY

301 COMMAGE ST FT WORTH TX 76102

☐ Change ☐ Addition

☒ Change ☐ Addition

DELETE MANGONE

☒ Change ☐ Addition

DELETE BERDOW

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 110.07(3)(b), 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:

Daryl Deel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
(date)

(Signature) (Name)