

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned 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 remitting filing fee)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DEEL, DARYL W.  
STREET ADDRESS  
E 7TH STREET  
CITY-STATE-ZIP  
DUENWEG MO

TITLE ☒ DELETE

NAME  
MAY, J MICHAEL  
STREET ADDRESS  
301 COMMERCE ST  
CITY-STATE-ZIP  
FT WORTH TX

TITLE ☒ DELETE

NAME  
HOFFMAN, HENRY P  
STREET ADDRESS  
E 7TH STREET  
CITY-STATE-ZIP  
DUENWEG MO

TITLE ☒ DELETE

NAME  
LAWRENCE, MICHAEL L  
STREET ADDRESS  
E 7TH STREET  
CITY-STATE-ZIP  
DUENWEG MO

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHYLA SCHILLING

3-28-96

417-624-3131

Date

Telephone #

CR2E034 (12/95)