

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002355

1. Corporation Name

THIRD STATE INDUSTRIES, INC.

Principal Place of Business

6835 NARCOOSSEE RD - SUITE #21
ORLANDO FL 32822

Mailing Address

6835 NARCOOSSEE RD - SUITE #21
ORLANDO FL 32822

2. Principal Place of Business

21 4966 HIGHWAY 90E
Suite, Apt. #, etc.

2a. Mailing Address

26 4966 HIGHWAY 90E
Suite, Apt. #, etc.

City & State

23 MARIANNA, FL

City & State

28 MARIANNA, FL

Zip

Country

24 32446 25 USA

Zip

Country

29 32446 30 USA

9. Name and Address of Current Registered Agent

AKER, JAMES D
6835 NARCOOSSEE RD - SUITE #21
ORLANDO FL 32822

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

59-3494684

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
- Personal Property Tax.

□ Yes

□ No

10. Name and Address of New Registered Agent

81 Name

ROBERT PFORTE

82 Street Address (P.O. Box Number is Not Acceptable)

2958 HERITAGE ROAD

83

84 City

MARIANNA

FL

85 Zip Code

32448

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

Robert Pforte

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME AKER, JAMES D
STREET ADDRESS 12343 NARCOOSSEE RD.
CITY-ST-ZIP ORLANDO FL 32827

TITLE S ☒ DELETE

NAME AKER, HAZEL M
STREET ADDRESS 12343 NARCOOSSEE RD.
CITY-ST-ZIP ORLANDO FL 32827

TITLE V ☒ DELETE

NAME NEWHAM, JANICE
STREET ADDRESS 1416 WINN AVE.
CITY-ST-ZIP ORLANDO FL 32806

TITLE T ☒ DELETE

NAME NEWHAM, LONNIE
STREET ADDRESS 1416 WINN AVE.
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME AKER, JAMES D
1.3 STREET ADDRESS 5029 PINELWOOD COURT
1.4 CITY-ST-ZIP MARIANNA FL 32446

2.1 TITLE P/T ☐ Change ☒ Addition

2.2 NAME PFORTE ROBERT
2.3 STREET ADDRESS 2958 HERITAGE ROAD
2.4 CITY-ST-ZIP MARIANNA, FL 32448

3.1 TITLE P/S ☐ Change ☒ Addition

3.2 NAME HOFF ROBERT A.
3.3 STREET ADDRESS 3085 WATSON DRIVE
3.4 CITY-ST-ZIP MARIANNA, FL 32446

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

ROBERT A. HOFF MAR 25, 1999 526-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90053 029 ***158.75



DO NOT WRITE IN THIS SPACE

11-01405
CR2E034 (11/98)