

FILED
Apr 09, 2003 8:00 am
Secretary of State

0033601 AV

1. Entity Name
TRI-STATE CONTRACTORS OF FLORIDA, INC.



| | |
|-----------------------------|-----------------------|
| Principal Place of Business | Mailing Address |
| 3051 FAYE ROAD | 3051 FAYE ROAD |
| P.O. BOX 26308 | P.O. BOX 26308 |
| JACKSONVILLE FL 32226 | JACKSONVILLE FL 32226 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

Suite, Apt. #, etc.Suite, Apt. #, etc.City & StateCity & State

4. FEI Number **59-2554201**

| |
|----------------|
| Applied For |
| Not Applicable |

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
|-----|---------|-----|---------|

5- Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONSELL WALTER R.
10844 ALTA DR
JACKSONVILLE FL 32226

| | |
|--|-------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

| | | |
|---|--|------|
| SIGNATURE | | |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PONSELL, WALTER RANDALL 10844 ALTA DR JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PONSELL, EMOGENE SANDRA 10844 ALTA DR JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-0.3

Date _____

904- 751-3842

Daytime Phone # _____

CR2E034 (10/02)