2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L42637

1. Entity Name
TRI STATE TESTING LAB INC.

Principal Place of Business	Mailing Address
HWY 90 EAST	HWY 90 EAST
P.O. BOX 477	P.O. BOX 477
COTTONDALE, FL 32431	COTTONDALE, FL 32431

DO NOT WRITE IN THIS SPACE

04152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2990411	Not Applicable

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

6. Name and Address of Current Registered Agent

PETTIS, ART
1342 LINE RD
PONCE DE LEON, FL 32455

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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, 2008 Fee will be $550.00

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

U00000899432
04/28/08-80039-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	PETTIS, JOY
STREET ADDRESS	1342 LINE RD
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	PD
NAME	PETTIS, ART
STREET ADDRESS	1342 LINE RD
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	VD
NAME	VICKERY, GERALD D
STREET ADDRESS	1488 RUDD RD
CITY-ST-ZIP	COTTONDALE, FL 32431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/15/08   850-352-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #