

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90216 006 \*\*\*150.00

DOCUMENT # P 00000096436

1. Entity Name

TRISTA INC

Principal Place of Business

Mailing Address

147 PARK DRIVE  
SATSUMA, FL 32189

P.O. BOX 219  
EAST PALATKA, FL 32131-0219

A0065645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3676746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F.E. HERMAN  
147 PARK DRIVE  
SATSUMA, FL 32189

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P/D F.E. HERMAN  
STREET ADDRESS P.O. BOX 219  
CITY-ST-ZIP EAST PALATKA, FL 32131-0219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/D A.M. HERMAN  
STREET ADDRESS P.O. BOX 219  
CITY-ST-ZIP EAST PALATKA, FL 32131-0219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V/D LARRY C. HINSON  
STREET ADDRESS P.O. BOX 413  
CITY-ST-ZIP CRESCENT CITY, FL 32112-0413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V/D BRENDA J. HINSON  
STREET ADDRESS P.O. BOX 413  
CITY-ST-ZIP CRESCENT CITY, FL 32112-0413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V/D DONNA F. MORRIS  
STREET ADDRESS P.O. BOX 1252  
CITY-ST-ZIP EAST PALATKA, FL 32131-1252

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V/D CATHERINE M. SHERIDAN  
STREET ADDRESS P.O. BOX 5501  
CITY-ST-ZIP ELKTON, FL 32033-5501

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F.E. HERMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01  
Date

386-325-3950  
Daytime Phone #

CR2E034 (11/00)