

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90057 027 ***150.00

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1. Entity Name

TRISTA, INC.



Principal Place of Business

147 PARK DRIVE
SATSUMA FL 32189

Mailing Address

PO BOX 219
EAST PALATKA FL 32131-0219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676746

Applied For

Not Applicable

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

HERMAN, F.E.
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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERMAN, F.E.
STREET ADDRESS PO BOX 219
CITY-ST-ZIP EAST PALATKA FL 32131-0219

TITLE SD ☐ Delete
NAME HERMAN, A M
STREET ADDRESS PO BOX 219
CITY-ST-ZIP EAST PALATKA FL 32131-0219

TITLE VD ☐ Delete
NAME HINSON, LARRY C
STREET ADDRESS PO BOX 413
CITY-ST-ZIP CRESCENT CITY FL 32112-0413

TITLE VD ☐ Delete
NAME HINSON, BRENDA
STREET ADDRESS PO BOX 413
CITY-ST-ZIP CRESCENT CITY FL 32112-0413

TITLE VD ☐ Delete
NAME MORRIS, DONNA F
STREET ADDRESS PO BOX 1252
CITY-ST-ZIP EAST PALATKA FL 32131-1252

TITLE VD ☐ Delete
NAME SHERIDAN, CATHERINE M
STREET ADDRESS PO BOX 5501
CITY-ST-ZIP ELKTON FL 32033-5501

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/04

Date

386-325-3950

Daytime Phone #