SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 JUL 24 AM 8:31

DOCUMENT # **P93000037666 (3)**

1. Corporation Name
TRI-STATE INFUSION, INC.

Principal Place of Business	Mailing Address
111 NORTH WAUKESHA ST. BONIFAY FL 32425	111 NORTH WAUKESHA ST. BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21: 1330 South Boulevard
Suite, Apt #, etc 22:
City & State 23: Chipley, Florida
Zip 24: 32428 County 25:

2a. Mailing Address
26: 1330 South Boulevard
Suite, Apt #, etc 27:
City & State 28: Chipley, Florida
Zip 29: 32428 County 30:

4. FEI Number: 59-3169127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIXON, WILLIAM C JR
111 NORTH WAUKESHA ST.
BONIFAY FL 32425

10. Name and Address of New Registered Agent

B1 Name: Marion W. King
B2 Street Address (P.O. Box Number is Not Acceptable): 1330 South Boulevard
B3:
B4 City: Chipley FL B5 Zip Code: 32428

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: Marion W. King, PRES (If changing Registered Agent, Registered Agent must sign here.) DATE: 7/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P/T ☒ Change ☐ Addition
NAME	DIXON, WILLIAM C JR	12 NAME	Marion W. King
STREET ADDRESS	RT. 1 BOX 100	13 STREET ADDRESS	1064 Falling Waters Road
CITY-ST-ZIP	BONIFAY FL 32425	14 CITY-ST-ZIP	Chipley, Florida 32428
TITLE	D	21 TITLE	D/V/S ☒ Change ☐ Addition
NAME	DIXON, LINDA B	22 NAME	Pat J. King
STREET ADDRESS	RT. 1 BOX 100	23 STREET ADDRESS	1064 Falling Waters Road
CITY-ST-ZIP	BONIFAY FL 32425	24 CITY-ST-ZIP	Chipley, Florida 32428
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Marion W. King (Required) 7/14/95 Date 904-638-1040 Daytime Phone #

0120547 FP