2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90303 024 ***150.00

DOCUMENT # P93000072131

1. Entity Name
TRI STATE MORTGAGE, INC.

Principal Place of Business	Mailing Address
1981 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 US	PO BOX 15887 TALLAHASSEE, FL 32317 US

1401L06Z/

2. Principal Place of Business	3. Mailing Address
2858 Remington Gr. Cir.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tall., Fl.	City & State
Zip: 32308 Country: USA	Zip Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3206659 — 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
GUERINO, JAMES R 1981 CAPITOL CIR NE TALLAHASSEE, FL 32308	Name: Street Address (P.O. Box Number is Not Acceptable): 2858 Remington Green Cr. City: Tall., FL Zip Code: 32308

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	YATES, RAYMOND R JR		NAME	
STREET ADDRESS	1981 CAPITAL CIRCLE NE		STREET ADDRESS	2858 Remington Green Cir.
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tall., Fl. 32308
TITLE	AVP	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GUZRINO, JAMES R		NAME	
STREET ADDRESS	1981 CAPITAL CIRCLE NE		STREET ADDRESS	2858 Remington Green Cir.
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tall., Fl. 32308
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: James R Guerino JAMES R. GUERINO 4/26/04 (850)933-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #