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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000085834 (8)

1. Corporation Name

TRI-STATE ROADWAY SPECIALTIES, INC.

Principal Place of Business

ROUTE 2, BOX 1005
BLOUNTSTOWN FL 32424

Mailing Address

ROUTE 2, BOX 1005
BLOUNTSTOWN FL 32424-8571



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OVERHOLT, LARRY L
ROUTE 2, BOX 1005
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

02/28/1996

4. FEI Number

59-3146343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	OVERHOLT, LARRY L	
STREET ADDRESS	ROUTE 2, BOX 1005	
CITY - ST - ZIP	BLOUNTSTOWN FL 32424	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	OVERHOLT, TITUS J	
STREET ADDRESS	ROUTE 2, BOX 1004	
CITY - ST - ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OVERHOLT, CARMEN	
STREET ADDRESS	ROUTE 2, BOX 1002	
CITY - ST - ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OVERHOLT, MARIE	
STREET ADDRESS	ROUTE 2, BOX 1002	
CITY - ST - ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OVERHOLT, LEROY	
STREET ADDRESS	ROUTE 2, BOX 1002	
CITY - ST - ZIP	BLOUNTSTOWN FL 32424	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Overholt, Titus J.
2.4 CITY - ST - ZIP	Rt. 2 Box 1004 Blountstown, FL 32424
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***550.00

CS 5/19/97

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

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

04-30-97 (904) 674-3534

Date

Daytime Phone

0064468

CP2E034 (9/96)