

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

59-3146343

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 885-B Hwy. 71

Suite, Apt. #, etc.

22

City & State

23 Marianna, FL

Zip

Country

24 32448

25 USA

2a. Mailing Address

26 885-B Hwy. 71

Suite, Apt. #, etc.

27

City & State

28 Marianna, FL

Zip

Country

29 32448

30 USA

9. Name and Address of Current Registered Agent

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

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 fee, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME OVERHOLT, LARRY L
STREET ADDRESS ROUTE 2, BOX 1005
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME OVERHOLT, TITUS J
STREET ADDRESS ROUTE 2, BOX 1004
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME OVERHOLT, CARMEN
STREET ADDRESS ROUTE 2, BOX 1002
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME OVERHOLT, MARIE
STREET ADDRESS ROUTE 2, BOX 1002
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE D
NAME OVERHOLT, LEROY
STREET ADDRESS ROUTE 2, BOX 1002
CITY-ST-ZIP BLOUNTSTOWN FL 32424

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002530780

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***150.00

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14. 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 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.

CR2E034 (10/97)