

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90006 039 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085834

1. Corporation Name

TRI-STATE ROADWAY SPECIALTIES, INC.

Principal Place of Business

885-B HIGHWAY 71
MARIANNA FL 32448
US

Mailing Address

885-B HIGHWAY 71
MARIANNA FL 32448
US

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **RT 2 BOX 1005**

Suite, Apt. #, etc.

2a. Mailing Address

26 **RT 2 BOX 1005**

Suite, Apt. #, etc.

City & State

23 **Blountstown Florida**

Zip

24 **32424**

Country

25 **USA**

City & State

28 **Blountstown FL**

Zip

29 **32424**

Country

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 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 | D | <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 | |

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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (5/99)