

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 007 ***150.00

DOCUMENT # P94000037434

1. Entity Name
TRI-MIX DISTRIBUTORS, INC.



Principal Place of Business
**110 N. MAGNOLIA ST.
TALLAHASSEE, FL 32301**

Mailing Address
**22 JERICHO TURNPIKE
STE 100
MINEOLA, NY 11501**

54018145

2. Principal Place of Business
**3055 HARBOR DRIVE
Suite, Apt. #, etc.
UNIT 2102**

3. Mailing Address

Suite, Apt. #, etc.

03102004

Chg-P

CR2E034 (10/03)

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number
65-0493271

Applied For
Not Applicable

Zip
33316

Country

Zip

Country

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

**SCHNEIDER, RICHARD F
3055 HARBOR DRIVE
UNIT 2102
FT. LAUDERDALE, FL 33316**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **SCHNEIDER, RICHARD F**
STREET ADDRESS **3055 HARBOR DRIVE UNIT 2102**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Richard F. Schneider* **RICHARD F. SCHNEIDER** 3/11/04 954-764-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #