

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90013 033 ***150.00

DOCUMENT # P96000048354

1. Entity Name
TRI-STATE PAINTING, INC.



Principal Place of Business
~~6200 CHICKASAW TRAIL~~
TALLAHASSEE, FL 32312

Mailing Address
~~6200 CHICKASAW TRAIL~~
TALLAHASSEE, FL 32312

44018918



2. Principal Place of Business
1712 D MARY'S CT

3. Mailing Address
1712 D MARY'S CT

02252004 Chg-P CR2E034 (10/03)

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

4. FEI Number
59-3382753

Applied For
Not Applicable

Zip
32308

Country

Zip
32308

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

MIXON, JOHNNY D
~~6200 CHICKASAW TRAIL~~
TALLAHASSEE, FL 32312
1712 D MARY'S CT
TALLAHASSEE FL
32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-04

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
NAME
D MIXON, JOHNNY D
STREET ADDRESS
CITY-ST-ZIP
~~6200 CHICKASAW TRAIL~~
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1712 D MARY'S CT
TALLAHASSEE FL 32308

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johnny D. Mixon *Johnny D. Mixon* 3-16-04 524-2712