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FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068726 (4)

1. Corporation Name

TRISTAR SPECIALTY BUILDERS, INC.

Principal Place of Business

8971 BYROM CAMPBELL ROAD
MILTON FL 32571

Mailing Address

8971 BYROM CAMPBELL ROAD
MILTON FL 32571-9221



3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3397579

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BRANNON, MARCUS
8971 BYROM CAMPBELL ROAD
MILTON FL 32571

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 tax, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Robert D Foster		
1.3 STREET ADDRESS	1800 Howell Pitt Road		
1.4 CITY-ST-ZIP	Jay, FL 32565		
2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Lawrence D. Jackson		
2.3 STREET ADDRESS	3600 N Simmons Road		
2.4 CITY-ST-ZIP	Jay, FL 32565		
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Marcus Brannon		
3.3 STREET ADDRESS	8971 Byrom Campbell Road		
3.4 CITY-ST-ZIP	Milton, FL 32571		
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 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:

Marcus Brannon

Date

Daytime Phone #

4/17/97

CR2E034 (9/96)