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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

2a. Mailing Address

27

28

Suite, Apt. #, etc.

City & State

Zip

Secretary of State DIVISION OF CORPORATIONS

## 1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

DOCUMENT # P96000068726 1. Corporation Name TRISTAR SPECIALTY BUILDERS, INC.

Principal Place of Business	Mailing Address		
3651 HWY 90 Suite D Pace Fl. 32571	3651 HWY 90 Suite D Pace FL 32571 US		
IIS	US		

Country

**FILED** Feb 04, 1999 8:00am **Secretary of State** 

02-04-1999 90011 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

□No

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

08/14/1996

59-3397579

4. FEI Number

Zip	Country		[]	1		Personal Property Tax.		
]	25	29	30	<del></del>		10. Name and Address of New Registere	d Agent	
<u>'</u>	9 Name and Address of Current F	tegistered Agent		81 1	Name			
	5. Maine and Additional States	MODEL AND THE		1-1			<del> </del>	
RDAN				82 8	Street Addre	ess (P.O. Box Number is Not Acceptable)		
0074	NON, MARCUS BYROM CAMPBELL ROAD						Livery late (Fig.)	TATO RAIL COM
89/1	BINOM CHAIL DEFE HOUR			83			<b>的复数特别服务</b>	服裝裝
PACE FL 32571						1 5 55 3 1 5 6 1 5 6 1 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1	85 Zip C	ode
N .					City	<b>F</b>		ļ
							-f -b-naina ita r	registered
ight said a said	5 Sections 607 0502	and 607,1508, Florida Sta	tutes, the	above-r	named corp	oration submits this statement to the purpose	pointment as reg	istered
11. Pursuant to	o the provisions of Sections of State of	Florida, Such change wa	s authorize	id by th	e corporau	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		ļ
anent: Lan	egistered agent, or both, in the State of n familiar with, and accept the obligation	ns of, Section 607.0505,	FIUHUA SIA	idias.				
110		_			i	od when reinstating). 75-93 DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and the mopperature			agnature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13				☐ Change	Addition
		☐ DELETE	1.1	πTLE	Ì	19 139 T. N		<b>\</b>
TITLE	P		1.21	NAME	}			
NAME	FOSTER, ROBERT D		12	STREET	ADDRESS			
STREET ADDRESS	1800 HOWELL PITT ROAD							
	JAX FL 32565			CITY-ST-	· <u>ZIP</u>		Change	Addition
CITY-ST-ZIP	ST	DELETE	2.1	TITLE	}			.
TITLE			2.2	NAME	\ \			. 1
NAME	BRANNON, MARCUS		23	STREET	ADDRESS			
STREET ADDRESS	8971 BYRON CAMPBELL ROAD		- 1					
CITY-ST-ZIP	PACE FL 32571020000000000000000000000000000000000	and the second of the second o		CITY-ST	1-ZIP		Change	🗀 Addition
TITLE	VP.	COLORES DELET	E 3.1	TITLE	ł		•	1.1
1000	JACKSON, LAWRENCE D	·-	3.2	NAME	ļ	•		
NAME	JACKSON, DATHLINGE D	اقي!	3.3	STREET	ADDRESS	- Partie - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	舊日韓 烟潭	: 鐵路電腦
STREET ADDRESS				1. CITY-S	T. 7ID	. 冰袋或类 <u>多是 数据基</u>	S. 15 3 100	No. 2 Addition
CITY-ST-ZIP	JAY FL 32565			1 TITLE	1-211		表 会員 Change	≜ H \$ T Papinou
TITLE		☐ DELET				•		
•	1	era get e	4.	2 NAME	1			
NAME		) 4	4.	3 STREET	ADDRESS			
STREET ADDRESS	3	37	4	4 CITY-ST	T-ZIP			☐ Addition
CITY-ST-ZIP	A STATE OF THE STA	☐ DELE		1 TITLE	+		☐ Change	L) WWW
TITLE		· · □ DEFE		2 NAME	Ì	called the		
NAME								
1	ا				T ADDRESS	we see that the		
STREET ADDRESS	s F		5	4 CITY-S	T-ZIP		Change	Addition
CITY-ST-ZIP		□ DELE	TE 6	1 TITLE			LJ Griange	
TITLE	जिल्ह्या स्थापन । विशेष स्यापन । विशेष स्थापन । वि			.2 NAME	ļ			
NAME	1888 BASSET DEL ALLE				T ADDRESS			
1	143 71 37039							
STREET ADDRES	3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			5.4 CITY- S	ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	e information
CITY-ST-ZIP	The state of the s	ith this filing does not gua	lify for the	exemp	tion stated	in Section 119.07(3)(I), Florida Statutes. Florida	le under oath; the	at I am an

Country

I nereuy 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, with all other like empowered.