

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

004406

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90016 018 ***150.00

DOCUMENT # **P98000019159**

1. Corporation Name

TRI-STAR ASSOCIATES, INC.



Principal Place of Business
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

59-3552726

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11217 San Jose Blvd.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Fl

Zip

24 32223

Country

25 Duval

2a. Mailing Address

26 11217 San Jose Blvd.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Fl

Zip

29 32223

Country

30 Duval

9. Name and Address of Current Registered Agent

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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 **D** ☒ DELETE
NAME **NEWTON, CLIFFORD B**
STREET ADDRESS **10192 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** **David W. Hutson** ☒ Change ☐ Addition
1.2 NAME **11217 San Jose Blvd.**
1.3 STREET ADDRESS **Jacksonville, Fl 32223**
1.4 CITY-ST-ZIP

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME **Donald P. Hinson**
2.3 STREET ADDRESS **11217 San Jose Blvd.**
2.4 CITY-ST-ZIP **Jacksonville, Fl 32223**

3.1 TITLE **Vice-President** ☒ Change ☐ Addition
3.2 NAME **Nancy A. Hutson**
3.3 STREET ADDRESS **11217 San Jose Blvd.**
3.4 CITY-ST-ZIP **Jacksonville, Fl 32223**

4.1 TITLE **Asst Vice President** ☒ Change ☐ Addition
4.2 NAME **Kimberly Hutson Galen**
4.3 STREET ADDRESS **11217 San Jose Blvd.**
4.4 CITY-ST-ZIP **Jacksonville, Fl 32223**

5.1 TITLE **Asst Vice President** ☒ Change ☐ Addition
5.2 NAME **Christoper B. Herrin**
5.3 STREET ADDRESS **11217 San Jose Blvd.**
5.4 CITY-ST-ZIP **Jacksonville, Fl 32223**

6.1 TITLE **Secretary** ☒ Change ☐ Addition
6.2 NAME **Elinore C. Cox**
6.3 STREET ADDRESS **11217 San Jose Blvd.**
6.4 CITY-ST-ZIP **Jacksonville, Fl 32223**

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, with all other like empowered.

SIGNATURE:

Elinore C. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elinore C. Cox

3/29/99

904/262-7718

Date

Daytime Phone #

CR2E034 (11/98)