FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 231219 (7)

1. Corporation Name
TEEL & WATERS REAL ESTATE COMPANY INCORPORATED

Principal Place of Business	Mailing Address
499 N FERDON BLVD P. O. BOX 638 CRESTVIEW FL 32536	499 N FERDON BLVD P. O. BOX 638 CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1959
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1438221 / ☐ 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

TEEL, BILLY D
499 N FERDON BLVD.
CRESTVIEW FL 32536

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 _____ DATE
(If changing registered agent, type or print name of new registered agent and the word "Agent" below) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	KIMBRELL, E J	12 NAME	
STREET ADDRESS	3363 AIRPORT RD	13 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HATCHER, TIMOTHY E.	22 NAME	
STREET ADDRESS	320 POWELL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HEATON, MILDRED C	32 NAME	
STREET ADDRESS	SR 188 POB 924	33 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 0	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	TEEL, BILLY D	42 NAME	
STREET ADDRESS	322 POWELL DR	43 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 0	44 CITY-ST-ZIP	
TITLE	SVD	51 TITLE	☐ Change ☐ Addition
NAME	TEEL, BRUCE B	52 NAME	
STREET ADDRESS	322 POWELL DR	53 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 0	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an X in front.

SIGNATURE: _____ Pres. 2-27-95 (904) 682-6156
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

03W073 CP