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FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90046 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 236062

1. Corporation Name
TEUTON, INC

Principal Place of Business

RT 1 BOX 1700
ANTHONY FL 32617

Mailing Address

RT 1 BOX 1700
ANTHONY FL 32617

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 25

9. Name and

TEUTON, TERRELL
RT 1 BOX 1700
ANTHONY FL

Change of address

Teuton Inc.

4698 E Rd. 329

Anthony, Fl. 32617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1960

4. FEI Number

59-0929721

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

10. Name and Address of New Registered Agent

Set 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 **DP** ☒ DELETE
NAME **TEUTON, HUGH**
STREET ADDRESS **ROUTE 1 BOX 1700**
CITY-ST-ZIP **ANTHONY, FL 00000**

TITLE **VD** ☐ DELETE
NAME **TEUTON, TERRELL W**
STREET ADDRESS **ROUTE 1 BOX 1700**
CITY-ST-ZIP **ANTHONY, FL 00000**

TITLE **SD** ☐ DELETE
NAME **TEUTON, ETHEL H**
STREET ADDRESS **ROUTE 1 BOX 1700**
CITY-ST-ZIP **ANTHONY, FL 00000**

TITLE **T** ☐ DELETE
NAME **TEUTON, ETHEL H**
STREET ADDRESS **ROUTE 1 BOX 1700**
CITY-ST-ZIP **ANTHONY, FL 00000**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Ethel H. Teuton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99-732-6384
Date Daytime Phone #

CR2E034 (11/98)