

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

***PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT #. 277642

(5)

1. Corporation Name

T E D F COMPANY INC

Principal Place of Business

**435 ROWLAND COURT
BARTOW FL 33830**

Mailing Address

**435 ROWLAND COURT
BARTOW FL 33830**

FILED

97 AUG 20 PM 3:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1964		3a. Date of Last Report 04/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1032979		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DURRANCE, DORIS D
435 ROWLAND COURT
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, DORIS D	1.2 NAME	
STREET ADDRESS	435 ROWLAND COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)

2

WRIGHT, WALKER & COMPANY, P.A.

Steven R. Wright, C.P.A.
Jeffrey R. Walker, C.P.A.
Johnna C. Eady, C.P.A.
Robin A. Rahman, C.P.A.
Kelghtley G. Stringfellow, C.P.A.

Certified Public Accountants
Bartow — 941-533-7191
Winter Haven — 941-299-6815
Fax — 941-533-0259

P. O. Drawer 569
550 East Davidson St.
Bartow, Florida 33830

August 8, 1997

Florida Department of State
Annual Report Filings, Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: T E D F Company, Inc.
1997 Corporate Annual Report

ID Number: 59-1032979
Document # 277642 (5)

Gentlemen:

Enclosed please find the 1997 Corporate Annual Report for T E D F Company, Inc., along with check number 354 in the amount of \$165.00. Mrs. Durrance, President of T E D F Company, Inc. asked that we forward this information to your office. Mrs. Durrance had not received her initial Corporate Annual Report sent to her. She is recently widowed and taken over for her deceased husband, and was not aware that this was an annual filing requirement. However, when she left the State of Florida for an extended visit with her family, she had the post office forward her mail. Unfortunately, the second report had arrived before the forwarding of her mail started and was in her mailbox when she stopped at home for a very brief stay. She immediately brought this matter to our attention for handling.

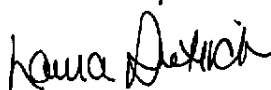
Based on this information, we ask that any penalty for late filing be waived. As Mrs. Durrance was leaving the State of Florida again for several months and would be unavailable, she asked that your office correspond directly with us.

Should you have any questions regarding this matter, please do not hesitate to contact our office between the hours of 8:00 AM and 5:30 PM, Monday through Friday, as follows:

Wright, Walker & Company, P.A.
Post Office Drawer 569
Bartow, Florida 33831-0569

Thanking you in advance for your consideration in this matter.

Sincerely,



Laura Dietrich, Secretary

ld
Encl.