

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 10 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 364521 (5)

1. Corporation Name

ROBERT TEALL ORGANIZATION, INC.

Principal Place of Business

3203 LAWTON RD., RM 145
P.O. BOX 1629
ORLANDO FL 32802

Mailing Address

3203 LAWTON RD., RM 145
P.O. BOX 1629
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1970

3a. Date of Last Report

01/19/1994

4. FEI Number

59-1295060

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27. City & State

28

City & State

24. Zip

25

Country

29. Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEALL, ROBERT R.
3203 LAWTON RD.
ORLANDO FL 32803

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 the corporation)

(Signature typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
TEALL, ROBERT R
2313 LAKE SUE DR.
ORLANDO, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

S
HILL, LESLIE K
1875 NW 80 AVENUE
OCALA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

V
ROSEN, SPRING K
3271 BAYOU SOUND
LONGBOAT KEY FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 on Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Teall Pres
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

1-6-94

4078987131
Telephone Number