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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 4:06

DOCUMENT # 397391

(4)

1. Corporation Name

C.R. TEAGLE BUILDERS, INC.

Principal Place of Business

**209 PANFERIO DRIVE
PENSACOLA BEACH FL 32561**

Mailing Address

**209 PANFERIO DRIVE
PENSACOLA BEACH FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1972

3a. Date of Last Report

03/31/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TEAGLE, C. R.
209 PANFERIO DRIVE
PENSACOLA BCH FL 32561**

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 required in printed form of registered agent and filed in accordance with the rules of the Department of State)

(The Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

**TEAGLE, C. R.
209 PANFERIO DRIVE
PENSACOLA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD

**TEAGLE, DOROTHY
209 PANFERIO DRIVE
PENSACOLA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

ST

**TEAGLE, DOROTHY
209 PANFERIO DRIVE
PENSACOLA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VD

**TEAGLE, CHARLES B.
211 PANFERIO DRIVE
PENSACOLA BCH FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(a), 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:

C.R. Teagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 95

Date

704 932 4073

Division Phone #