

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 493546 (6)

1. Corporation Name

TEAM RESOURCES, INC.



Principal Place of Business

Mailing Address

519 OCEAN FRONT
SUITE 6
NEPTUNE BCH. FL 32266
US

519 OCEAN FRONT
SUITE 6
NEPTUNE BCH. FL 32266
US

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1642810

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

10. Name and Address of New Registered Agent

MCIVOR, DORTHY
519 OCEAN FRONT, SUITE 6
ATLANTIC BEACH FL 32233

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 *Dorothy F. McIvor*
Signature, typed or printed name of registered agent and title if applicable

Dorothy F. McIvor
(NOTE: Registered Agent signature required when reinstating)

1-19-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MCIVOR, DORTHY
STREET ADDRESS 519 OCEAN FRONT SUITE 6
CITY-ST-ZIP NEPTUNE BCH. FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME KERNAN Mark C.
1.3 STREET ADDRESS 133 Lora St
1.4 CITY-ST-ZIP Neptune Beach, FL, 32266

TITLE VP ☒ DELETE
NAME MCIVOR, DORTHY
STREET ADDRESS 519 OCEAN FRONT, SUITE 6
CITY-ST-ZIP NEPTUNE BCH. FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME KERNAN
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME MCIVOR, DORTHY
STREET ADDRESS 519 OCEAN FRONT, SUITE 6
CITY-ST-ZIP NEPTUNE BCH. FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 119.07(3)(k), 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: *Dorothy F. McIvor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1119196 \$04 2478346
Date Daytime Phone #

CR2E034 (12/95)