FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

500363

(7)

TEETSIE, INC.

Principal Place of Business Mailing Address

Country

9. Name and Address of Current Registered Agent

1602 S 50TH STREET **TAMPA FL 33619**

Suite, Apt #, etc.

City & State

21

22

23

24

Zip

2. Principal Place of Business

MARSH, FRANKLIN H.

1602 S 50TH STREET **TAMPA FL 33619**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

29

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 \Box

(f13)248-8172

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

04/02/1976 4. FEI Number

59-1658451

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

1602 SOUTH 50TH ST. TAMPA FL 33619			82	82 Street Address (P.O. Box Number is Not Acceptable)				
IAT	MFA FL 33019		83					
						·		
			84	City	Fi	_ 85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TATLE	P OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Chanc		
NAME	MARSH, FRANKLIN		1.2 NAME					
STREET ADDRESS	1602 S 50TH STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		1,4 CITY - S					
TITLE	S	DELETE	2.1 TITLE	1 217	5	➤ Chanc	e Addition	
NAME	JONES, DEBRA S.		2.2 NAME		MARSH, DEBRAS. 1602 S. SOM STREET TAMPA FL 33619			
STREET ADDRESS	1602 S 50TH STREET		2.3 STREET	ADDRESS	1602 S. SOTA STREET			
CITY-ST-ZIP	TAMPA FL 33619		2. 4 CITY - S		TAMPA FL 33619			
TITLE		☐ DELETE	3.1 TITLE			Chang	e Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY - S	T-ZIP				
TITLE	☐ DELETE 4		4.1 TITLE			Chang	e 🔲 Addition	
NAME			4. 2 NAME	Į			Ţ	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5"	r-zip			<u>_</u>	
TITLE		DÉLETE	5.1 TITLE			Chang	e 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDAESS			ļ	
CITY-ST-ZIP			5.4 CITY - \$7	r-ZIP				
TITLE		DELETE	6.1 TITLE	Ī		Chang	e 📙 Addition	
NAME .			6.2 NAME				ł	
STREET ADDRESS			63 STREET.	ADDRESS				
CiTY-ST-ZIP			6.4 CITY - ST					
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.								

Country

81 Name

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