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

FILED Feb 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)587718 TEAL INDUSTRIES, INC. Principal Place of Business Mailing Address 11993 44TH STREET NORTH 11993 44TH STREET NORTH CLEARWATER FL 34822 CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1978 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1845545 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name WATSON, JOHN E. 11993 44TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL LP 33520 83 84 Zip Code 11. Pursuant to the provisions of Scotions 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 title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition □ DELETE Change 1.1 TITLE TITLE WATSON, JOHN E. 1.2 NAME NAME **5663 FIRST AVENUE SOUTH** 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE TEAL, DONALD F. NAME 1923 64 AVE N. 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE TEAL, MARGARET G. 3.2 NAME 1923 64 AVE N. 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

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. 1-21-98

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP