

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 # 626339

(6)

1. Corporation Name

TELFORD AND ASSOCIATES, INC.



Principal Place of Business

3630 VERNA RD.
MYAKKA CITY FL 34251
US

Mailing Address

3630 VERNA RD.
MYAKKA CITY FL 34251
US

2. Principal Place of Business

21 3630 VERNA RD.

Suite, Apt. #, etc.

22

City & State

23 MYAKKA CITY, FL.

Zip

24 34251

Country

25

2a. Mailing Address

26 3630 VERNA RD.

Suite, Apt. #, etc.

27

City & State

28 MYAKKA CITY, FL.

Zip

29 34251

Country

30

9. Name and Address of Current Registered Agent

RUDDLE, VON T.
3630 VERNA RD.
MYAKKA CITY FL 34251

3. Date Incorporated or Qualified

06/18/1979

3a. Date of Last Report

05/25/1995

4. FEI Number

59-1963591

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

10. Name and Address of New Registered Agent

81 Name

VON T. RUDDLE

82 Street Address (P.O. Box Number is Not Acceptable)

3630 VERNA RD.

83

84

City MYAKKA CITY

FL

85

Zip Code 34251

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required with reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RUDDLE, VON T.
STREET ADDRESS 3630 VERNA RD.
CITY-ST-ZIP MYAKKA CITY FL

TITLE STP ☐ DELETE

NAME RUDDLE, VON T.
STREET ADDRESS 3630 VERNA RD.
CITY-ST-ZIP MYAKKA CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Von T. Ruddle

VON T. RUDDLE

4/28/96

941-322-1383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)