Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90015 044 \*\*\*550.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

,	
DOCUMENT	# 626339

1. Corporation Name

TELFORD AND ASSOCIATES, INC.

					<u> </u>		( <b>8)</b>   <b>1</b>
Principal Place of Business Mailing Address							
3630 VERNA RD. MYAKKA CITY FL 34251 US  3630 VERNA RD. MYAKKA CITY FL 34251 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/18/1979				
2 Principal D	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
<u> </u>	ace of business	26			59-1963591		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	n, oto.	27			5. Certifcate of Status Desired	Fee Red	quired
City & State	<del>,</del>	City & State			6. Election Campaign Financing	-\$5.00	May Be
23		28			Trust Fund Contribution	Added to	. ,
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No µ
'	9. Name and Address	s of Current Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
	DLE, VON T.		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
	VERNA RD.		L				
MYA	KKA CITY FL 34251		83				
			84	City		85 Zip C	code
						FL	
office or re	enistered agent or both il	ons 607.0502 and 607.1508, Florida Statute in the State of Florida. Such change was au of the obligations of, Section 607.0505, Flori	thorized by	the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its i ppointment as reg	registered jistered
SIGNATURE		Average and the standards (MATE)	Registered Appr	t pignatura reguu	red when reinstating) DAT		
12.		f registered agent and title if applicable (NOTE: FICERS AND DIRECTORS	13.	it signature requi	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	DELETE	1.1 TITLE		7,5511,63,676	Change	Addition
NAME	RUDDLE, VON T	<b>—</b> +	1.2 NAME				
STREET ADDRESS	3630 VERNA RD.			ADDRESS			
	MYAKKA CITY FL		1.4 CITY-S				
CITY-ST-ZIP TITLE	STP	☐ DELETÉ	2.1 TITLE	·		Change	☐ Addition
NAME	RUDDLE, VON T.		2.2 NAME				
STREET ADDRESS	3630 VERNA RD.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MYAKKA CITY FL		2.4 CITY-S				
TITLE	INTO CONTRACTOR	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP			
TITLE "		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	-	☐ DELETE	5.1 TITLE			Change	Addition
NA 145			5.2 NAME	1			

CITY-ST-ZIP 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 pushes 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition