

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 # 839556 (8)

1. Corporation Name
TESINC, INC.

Principal Place of Business

6523 NO BLACK CANYON HWY
STE 200
PHOENIX AZ 85015
US

Mailing Address

6523 NO BLACK CANYON HWY
STE 200
PHOENIX AZ 85015
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4440 PGA BOULEVARD

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 PALM BEACH GARDENS, FL

29 33410 30 USA

3. Date Incorporated or Qualified

11/18/1977

3a. Date of Last Report

04/18/1995

4. FEI Number

86-0223588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCHNEE, JOHN J
STREET ADDRESS 6523 NO BLACK CANYON HWY, STE 200
CITY-ST-ZIP PHOENIX AZ

TITLE ☐ DELETE

NAME FRAZIER, PATRICIA B
STREET ADDRESS 450 AUSTRALIAN AVE SO, STE 860
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME ADAMS, LOUIS W JR
STREET ADDRESS 3108 VISTAMAR STR #7
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME PLEDGER, THOMAS R.
STREET ADDRESS 450 AUSTRALIAN AVE SO, STE 860
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME BETLACH, DOUGLAS J
STREET ADDRESS 450 AUSTRALIAN AVE SO, STE 860
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

4440 PGA BOULEVARD, SUITE 60
PALM BEACH GARDENS, FLORIDA 33410

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

4440 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FLORIDA 33410

5.1 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

4440 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FLORIDA 33410

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

(407) 627-7171

Daytime Phone #

CR2E034 (12/95)