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

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Suite, Apt. #, etc.

**PROFIT** CORPORATION ANNUAL REPORT

1999

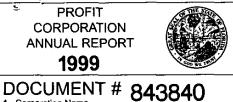
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Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

\*Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90233 022 \*\*\*150.00



25-0933019

5. Certifcate of Status Desired

## 1. Corporation Name HENRY F. TEICHMANN, INC. Principal Place of Business Mailing Address 3009 WASHINGTON RD. 3009 WASHINGTON RD. MCMURRAY PA 15317 MCMURRAY PA 15317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/02/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For

City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible XNo 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83

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.

City

SIGNATURE	CT CORPORATION SYSTEMS				03/30/99		
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	gistered Agent signature rec	quired when reinstating)	DATE		
12.	OFFICERS AN	13.	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	TEICHMANN, NEWTON N		1.2 NAME				
STREET ADDRESS	53 HIGHLAND ROAD		1,3 STREET ADDRESS				
CITY-ST-ZIP	BETHEL PARK PA_		1.4 CITY-ST-ZIP				
	DOT	- DELETE	0.4 TD 5		□ Change	C Addition	

TITLE DELETE 2.1 TITLE MCINTYRE, ARCHIE L 22 NAME NAME 136 NORTH HEIDE LANE 2.3 STREET ADDRESS STREET ADDRESS **MCMURRAY PA** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE

52 NAME

6.1 TITLE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Block 12 or Block 13 if changed, or of

TITLE

NAME

TITI F

STREET ADDRESS

CITY-ST-ZIP

DELETE

CR2E034 (11/98)

Addition

☐ Change

THE.

4 8864

• 220 ##!!

TEK:

Not Applicable

\$8.75 Additional

Fee Required

Zip Code