

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F67603** (3)

1. Corporation Name

TECTON ENGINEERING CORPORATION



Principal Place of Business

% JOHN O. SUTTON, P.A.
2655 LEJEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

% JOHN O. SUTTON, P.A.
2655 LEJEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

02/10/1982

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2161090

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTTON, JOHN O. P.A.
2655 LEJEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134**

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 607.1503, 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 of the registered agent of the corporation

Signature of the Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**PD
CHUNDI, REDDY
2505 NW 2ND AVE #8
BOCA RATON FL**

☐ DELETE

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

407-368-7289

Date

Signature Number

CR2E034 (12/95)