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 # F70

 Corporation 	TED FINANCIAL SERVICES				
Principal Place	of Business	Mailing Address			(1 2724) 616(1 616(1 212(1 215): 100:
520 OLD MIMS RD PO BOX 621171					
GENEVA FL 32732 OV		OVIEDO FL 32762-171		DO NOT MODITE IN Th	HE CDACE
US US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				04/14/1982	
2. Dringing D	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
-	ace of business	26		59-2179398	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	.,, 5.5.	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State	· · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ad Agent .
DICK	EADD CHIDLEY D		81 Name		<u> </u>
Pickford, Shirley R. 520 Old Mims RD			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	,
GENEVA FL 32732			83	The second secon	3 F. 2 8 F. 3 T. 4 3 T. 4 3 T. 4 3 T. 4 5 T. 5 T. 6 T. 6 T. 6 T. 6 T. 6 T. 6 T.
GLIV	LVATE SETSE		83		
			84 City		85 Zip Code
4 4 4				progration submits this statement for the purpose ation's board of directors. I hereby accept the ap	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes. Registered Agent signature requ	pired when reinstating) DATE	·
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Р	☐ DELETE	1.1 TITLE	79.77- 1	☐ Change ☐ Addition
NAME	PICKFORD, SHIRLEY	•	1.2 NAME		•
STREET ADDRESS	520 OLD MIMS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ASENFORF, JOHN J		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		'
CITY-ST-ZIP	GENEVA FL 32732		2.4 CITY-ST-ZIP		Change Addition
TITLÉ		☐ DELETE	3,1 TITLE		☐ Cliarige ☐ Addition
NAME .		•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		El por exe	3.4, CITY-ST-ZIP		- Change Addition
TITLE		DELETE .	4.1 TITLE		Onlingo
NAME .			4, 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME	* 19	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP	1.3	,
CITY-ST-ZIP TITLE		. DELETE	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
NAME			6.3 STREET ADDRESS		

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90004 029 ***150.00