

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003545 (8)

1. Corporation Name
TETON INDUSTRIAL GROUP, INC.



Principal Place of Business

93 SKYLAND DR
ROSWELL GA 30075

Mailing Address

93 SKYLAND DR
ROSWELL GA 30075-4876

3. Date Incorporated or Qualified

07/12/1996

3a. Date of Last Report

4. FEI Number

58-2228881

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

21 700 Old Roswell Lakes Pkwy
Suite, Apt. #, etc.

22 #300

City & State

23 Roswell, GA

Zip

24 30076

Country

25 Fulton

2a. Mailing Address

27 700 Old Roswell Lakes Pkwy
Suite, Apt. #, etc.

28 #300

City & State

28 Roswell, GA

Zip

29 30076

Country

30 Fulton

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 type for printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCST	<input type="checkbox"/> DELETE
NAME	WATSON, BARBARA A	
STREET ADDRESS	93 SKYLAND DR	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WATSON, JAMES T	
STREET ADDRESS	93 SKYLAND DR	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARAN, JOHN S	
STREET ADDRESS	93 SKYLAND DR	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700 Old Roswell Lakes Pkwy #300 Roswell, GA 30076
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700 Old Roswell Lakes Pkwy #300, Roswell GA 30076
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	700 Old Roswell Lakes Pkwy #300 Roswell, GA 30076
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: Barbara A Watson Barbara A Watson 1/9/97 770-649-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)