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

**FILED PROFIT** Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H58208 (0) TESONE DEVELOPMENT CORP. Principal Place of Business Mailing Address 26300 SOUTHERN PINES DR. 26300 SOUTHERN PINES DR. BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/198<u>5</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2539482 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MICHAELS, NANCY T 26300 SOUTHERN PINES DR. Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 83 84 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATÉ OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ■ Addition TESONE, JOSEPH V. NAME 1.2 NAME 5374 WILLIAM FLYNN HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **GIBSONIA PA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE PD 2.1 TITLE Change Addition MICHAELS, NANCY T. NAME 2.2 NAME 5374 WILLIAM FLYNN HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS GIBSONIA PA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME WEAVER, DOUGLAS 3.2 NAME 5374 WILLIAM FLYNN HIGHWAY STREET ADDRESS 3.3 STREET ADDRESS **GIBSONIA PA** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition TESONE, ANTHONY R NAME 4. 2 NAME STREET ADDRESS 5374 WILLIAM FLYNN HIGHWAY 4.3 STREET ADDRESS **GIBSONIA PA** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 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 of the receive 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, if on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS