

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90088 005 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H58208

1. Corporation Name

TESONE DEVELOPMENT CORP.

Principal Place of Business

26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 33923

Mailing Address

26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1985

4. FEI Number

59-2539482

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MICHAELS, NANCY T
26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name **Anthony R. Tesone**

82 Street Address (P.O. Box Number is Not Acceptable)

26300 Southern Pines Drive

83

84 City **Bonita Springs**

FL

85 Zip Code
33923

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 607.003, Florida Statutes.

SIGNATURE *[Signature]*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/99**

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE
NAME **TESONE, JOSEPH V.**
STREET ADDRESS **5374 WILLIAM FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA**

TITLE **PD** ☒ DELETE
NAME **MICHAELS, NANCY T.**
STREET ADDRESS **5374 WILLIAM FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA**

TITLE **VD** ☐ DELETE
NAME **WEAVER, DOUGLAS**
STREET ADDRESS **5374 WILLIAM FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA**

TITLE **VD** ☐ DELETE
NAME **TESONE, ANTHONY R**
STREET ADDRESS **5374 WILLIAM FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VSTD
Joseph V. Tesone
5374 Wm. Flynn Highway
Gibsonia, Pa. 15044

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

724 443-5925

Daytime Phone #

CR2E034 (1/98)