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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # H7052 Name TEEL, INC.	23 (6))		
Principal Place	of Rucinose	Mailing Address			
18628 WELLB SPRING HILL US	ORN LANE	18628 WELLBORN SPRING HILL FL 3 US			
				3. Date Incorporated or Qualified 08/07/1985 3a. Date of Last Report 04/28/1995	
—-¬ ' ├─		2a. Mailing Address 26		4. FEI Number Applied F 59-2563409 Not Applied	· · · · · ·
Suite, Apt. #, etc. 2		Suite, Apt. #, etc		5. Certificate of Status Desired Security Securi	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution Added to Feet	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032 Florida Statutes	· .
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
	, John C. Xson Street		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA I	FL 33602		83		
			84 City	FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Str	atutes, the above-named corpo	oration submits this statement for the purpose of changing its registered	Joffice
or registere	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such change was auth	orized by the corporation's boa	ard of directors. I hereby accept the appointment as registered agent. I	am
SIGNATURE _		· · · · · · · · · · · · · · · · · · ·	12.000.000 to compete to the control of the control		
12.	Signature, typed or printed name of registered ager OFFICERS AN	ND DIRECTORS	(NOTE: Registered Agent signature requirements)	red when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE	☑ Change ☐ Ado	
NAME	STRAIT, CHARLES W.		1.2 NAME		
STREET ADDRESS	18629 WELLBORN LANE		13 STREET ADDRESS	18628 WELLBORN LAKE	
CITY-ST-ZIP	SPRING HILL FL		14 CHY - \$T - ZIP	,	
TIFLE	STD	DELETE	2 1 THTLE	[☑ Change] Ado	dition
NAME	STRAIT, CHARLOTTE R.		2.2 NAME	18698 WEUSORN LANE	
STREET ADDRESS	18629 WELLBORN LANE		2 3 STREET ADDRESS	18600 WELLOUTEN FAME	
CITY - ST - ZIP	SPRING HILL FL		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	Change Add	Hion
NAME			3 2 NAME	•	
STREET ADDRESS			33 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	3.4 C(TY - ST - Z(P) 4.1 T(TLF)	☐ Change ☐ Add	tit.nn
NAME		—	4 2 NAME	_ change _ change	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 C/TY - ST - Z/P		
TITLE		DELETE	5 1 TITLE	Change Add	dition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP	140 T. M. Albaria	
THILF		DELETE	6 1 THE	Change Add	lition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	partify that the information associated	Lwith this files is called at	6 4 CITY - ST - ZIP	for the exemption stated in Continue 140 07/0//3 Fig. 24 Oct. 14 Oct.	bor
certify that	the information indicated on this and	i with this ming is vuluntarly i hual report or supplemental	ionnarieu anu dues not quality annual renort is true and accur	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and that my signature shall have the same legal effect as if made un	oder

century that the inhormation 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 eath; 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.

SIGNATURE: CHARLOTTE R. STRAIT - CAMPATTER, STRAIT - CAMPATTER, STRAIT, SON 4/15/194 (8/3) 896-10-67