

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # J01559 (0)

1. Corporation Name

TEC VENTURES, INC.

Principal Place of Business

Mailing Address

%**RICHARD W. PETTICREW**
305 MARLBOROUGH STREET
OLDSMAR, FL 34677

311 MARLBOROUGH STREET
OLDSMAR, FL 34677

3. Date Incorporated or Qualified

02/27/86

3a. Date of Last Report

03/23/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-2761482

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETTICREW, RICHARD W.
305 MARLBOROUGH STREET
OLDSMAR, FL 34677

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

(Sign and type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PETTICREW, RICHARD W.**
CITY, ST, ZIP **7206 N. MOBLEY ROAD**
ODESSA, FL 33556

TITLE ☐ DELETE
NAME **SDT**
STREET ADDRESS **PETTICREW, BEVERLEY J.**
CITY, ST, ZIP **7206 N. MOBLEY ROAD**
ODESSA, FL 33556

TITLE ☐ DELETE
NAME **ASST. S/T**
STREET ADDRESS **DOYLE, COLETTE F.**
CITY, ST, ZIP **606 BAY LAKE TRAIL**
OLDSMAR FL 33556

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **MORRISSETTE, COLLEEN G.**
CITY, ST, ZIP **909 WOODLAND DRIVE**
PALM HARBOR, FL 34683

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **PETTICREW, CALVIN W.**
CITY, ST, ZIP **181 WILLOW BEND**
HENDERSONVILLE, NC 28792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

800001734738
-03/06/96--01098--007
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

Date

FLS - 835-5225

Daytime Phone #

CR2E034 (12/95)