

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J01559

1. Corporation Name
TEC VENTURES, INC.

Principal Place of Business

% RICHARD W. PETTICREW
305 MARLBOROUGH ST.
OLDSMAR FL 34677

Mailing Address

311 MARLBOROUGH ST.
OLDSMAR FL 34677

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90093 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1986

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

2. Principal Place of Business

21 7206 N. Mobley Road

2a. Mailing Address

26 7206 N. Mobley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Odessa FL

City & State

28 Odessa FL

Zip Country

24 33556 25 U.S.A.

Zip Country

29 33556 30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Richard W. Petticrew

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

7206 N. Mobley Road

83

84 City Odessa

FL

85 Zip Code 33556

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETTICREW, RICHARD W.
STREET ADDRESS 7206 N. MOBLEY RD.
CITY-ST-ZIP ODESSA FL 33556

☐ DELETE

TITLE SDT
NAME PETTICREW, BEVERLY J.
STREET ADDRESS 7206 N. MOBLEY DR.
CITY-ST-ZIP ODESSA FL 33556

☐ DELETE

TITLE AST
NAME DOYLE, COLLETTE F.
STREET ADDRESS 606 BAY LAKE TRAIL
CITY-ST-ZIP OLDSMAR FL 34677

☐ DELETE

TITLE VP
NAME MORRISSETTE, COLLEEN G.
STREET ADDRESS 909 WOODLAND DR
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE VP
NAME PETTICREW, CALVIN W.
STREET ADDRESS 14 BENTWOOD LANE
CITY-ST-ZIP FLETCHER NC 28732

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 813-920-2126

Date

Daytime Phone #

CR2E034 (11/98)