

DOCUMENT # J18756

1. Entity Name

TETER BROS., INC.

Principal Place of Business

2675 CRAIG ST.
FT. MYERS FL 33901

Mailing Address

2675 CRAIG ST.
FT. MYERS FL 33901-7403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2678466

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

TETER, HENRY T
9381 SEDGEFIELD RD
NO FT MYERS FL 33917

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE HENRY T. TETER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-00
DATE9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TETER, HENRY T III
9381 SEDGEFIELD RD
NO FT MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TETER, HENRY T.
9381 SEDGEFIELD RD.
NO FT MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FLESHER, GARY
924 SE 16TH ST
CAPE CORAL FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add

13. 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 report or supplemental 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 11 or Block 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

HENRY T. TETER

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90019 039 ***150.00

DO NOT WRITE IN THIS SPACE

941-330

RES. 4-20-00

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