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 # **J46888**

1. Corporation Name

TEKSHOP OF FLORIDA, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90125 019 ***150.00



Principal Place of Business Mailing Address									01911 B1811 B1811 B	
1229 WEST THARPE STREET 1229 WEST THARPE STREET										
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							11/20/1986			
Principal Place of Business 2a. Mailing Address							4. FEI Number			plied For
			SAME				59-2867501	· · · · · · · · · · · · · · · · · · ·		t Applicable
Suite, Apt. #, etc. 27							5. Certifcate of Status Desired		\$8.75 A	
City & State		28 Ci					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	•	L1	intry		8. This corporation owes the curr	ent year In		
			30			Personal Property Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent					81	Name	10. Name and Address of New F	Registered	Agent	
DUBOSE, DENNIS					"	name				
1710 SALMON DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)			ible)	-	
TALL	AHASSEE FL 32303				83		,		•	
				-	84	City		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.						tne corporat	poration submits this statement for the tion's board of directors. I hereby accept	purpose o	f changing its	registered gistered
SIGNATURE							red when reinstating)	OATE		{
12.	Signature, typed or printed name of registered age OFFICERS AI			13.	Agen	signature requir	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	VP CT TO ETT OF A	NO BINEO	DELETE	1.1 T)	TLE				Change	☐ Addition
NAME.	DUBOSE, DENNIS			1.2 N	AME					
STREET ADDRESS	1710 SALMON DRIVE			1.3 \$	TREET	ADORESS				(
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TITLE	CEOP		☐ DELETE	2.1 71	TLE				Change	☐ Addition
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NAME						ADDRESS				
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CITY-ST-ZIP TITLE			☐ DELETE	6.1 Ti		-			☐ Change	Addition
NAME			_ ~	6.2 N	AME	1			-	ì
STREET ADDRESS				6.3 S	TREET	ADDRESS				
21,122,725,1250				E		l				Į.

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:

CITY-ST-ZIP