

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

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J63828 (4)  
1. Corporation Name  
TERI M. INC.



Principal Place of Business  
2628 WEST END STREET  
ATLANTIC BEACH FL 32233

Mailing Address  
2628 WEST END STREET  
ATLANTIC BEACH FL 32233-2247

3. Date Incorporated or Qualified  
03/25/1987

3a. Date of Last Report  
01/30/1996

4. FEI Number  
59-2810284

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

9. Name and Address of Current Registered Agent  
HILLEGASS, WILLIAM  
825 NORTH 4TH STREET  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent  
81 Name  
FLETCHER, DAVID  
82 Street Address (P.O. Box Number is Not Acceptable)  
2628 West End Street  
83  
84 City  
Atlantic Beach, FL  
85 Zip Code  
32233

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: *David R. Fletcher* DATE: 1-16-97  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FLETCHER, DAVID	1.2 NAME	
STREET ADDRESS	2628 W END ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	1.4 CITY - ST - ZIP	
TITLE	<del>FLETCHER, DAVID</del>	2.1 TITLE	
NAME	<del>FLETCHER, DAVID</del>	2.2 NAME	
STREET ADDRESS	<del>2628 WEST END ST.</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>ATLANTIC BEACH FL</del>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

*David R. Fletcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)