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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K19065 (7)

1. Corporation Name
TEKA VILLAGE, INC.

Principal Place of Business	Mailing Address
2536 STAR LANE ST. CLOUD FL 34772	2536 STAR LANE ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1988
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2881864 ☐ 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

LARGE, EDWARD
4417 BRAVE LN
ST CLOUD FL 34772

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LARGE, EDWARD	1.2 NAME	
STREET ADDRESS	4417 BRAVE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	NILSEN, ALICE	2.2 NAME	HOWARD, RAY
STREET ADDRESS	4419 BRAVE LN	2.3 STREET ADDRESS	4421 BRAVE LANE
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	SHERMAN, EDITH	3.2 NAME	DELETE VACANCY
STREET ADDRESS	4427 BRAVE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ALVIN	4.2 NAME	
STREET ADDRESS	4407 BRAVE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VPD ☒ Change ☐ Addition
NAME	BRANCA, JOHN	5.2 NAME	BRANCA, JOHN
STREET ADDRESS	2531 STAR LN	5.3 STREET ADDRESS	2531 STAR LN
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	D	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	BARTFAL, ROBERTA	6.2 NAME	BARTFAI, ROBERTA
STREET ADDRESS	4415 BRAVE LN.	6.3 STREET ADDRESS	4415 BRAVE LANE
CITY-ST-ZIP	ST. CLOUD FL 34772	6.4 CITY-ST-ZIP	ST. CLOUD, FL 34772

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)(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 or powered 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: Edward Large Pres. 3-16-95 1-407-891-1111
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD LARGE

0377770 CP