

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K28685** (1)

1. Corporation Name  
**TETON, INC.**



Principal Place of Business Mailing Address  
**% J.W. MORTON**  
**1645 W. MAIN STREET**  
**INVERNESS FL 34450**

3. Date Incorporated or Qualified **07/11/1988** 3a. Date of Last Report **06/13/1995**  
4. FEI Number **59-2903302** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MORTON, J. W.**  
**1645 W. MAIN ST**  
**INVERNESS FL 34450**

10. Name and Address of New Registered Agent  
81 Name **Robert J. Morton Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1645 W. MAIN ST**  
83 **Inverness, Florida**  
84 City **FL** 85 Zip Code **34450**

11. Pursuant to the provisions of Sections 607.05(2) 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 Sections 607.0505, Florida Statutes

SIGNATURE: *Robert J. Morton Jr.*

**4/30/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>MORTON, J. W.</b>	
STREET ADDRESS	<b>1645 W. MAIN ST</b>	
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>MORTON, ROBERT J., JR</b>	
STREET ADDRESS	<b>4771 US HWY 19 S.</b>	
CITY - ST - ZIP	<b>HOMOSASSA FL 34446</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	<b>President, Treasurer</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>Director</b>		
23 STREET ADDRESS	<b>Robert J. Morton Jr.</b>		
24 CITY - ST - ZIP	<b>1645 W. main st</b>		
31 TITLE	<b>Inverness, Fla</b>	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP	<b>34450</b>		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

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)(k), 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 attached sheet with an address.

SIGNATURE: *Robert J. Morton Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**

CR2E034 (12/95)