

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

•PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # L64288 (8)**  
 1. Corporation Name  
**TEDDER BOAT RAMP SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 1461**                      **P.O. BOX 1461**  
**OCALA FL 32678**                    **OCALA FL 32678**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/06/1990**                              **06/12/1995**

4. FEI Number      Applied for  
**59-0004266**                              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**

**10. Name and Address of New Registered Agent**

**TEDDER, RANDALL G.**  
**10617 SE 51ST COURT**  
**BELLEVIEW FL 32620**

81 Name

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

83

84 City      **FL**      85 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

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

(NOTE: If registered agent signature required when re-registering)

(Date)

| 12. OFFICERS AND DIRECTORS |                              |                                 |
|----------------------------|------------------------------|---------------------------------|
| TITLE                      | <b>PV</b>                    | <input type="checkbox"/> DELETE |
| NAME                       | <b>TEDDER, RANDALL G.</b>    |                                 |
| STREET ADDRESS             | <b>10617 S.E. 51ST COURT</b> |                                 |
| CITY - ST - ZIP            | <b>BELLEVIEW FL 32620</b>    |                                 |
| TITLE                      | <b>ST</b>                    | <input type="checkbox"/> DELETE |
| NAME                       | <b>TEDDER, MYRA L.</b>       |                                 |
| STREET ADDRESS             | <b>10617 S.E. 51ST COURT</b> |                                 |
| CITY - ST - ZIP            | <b>BELLEVIEW FL 32620</b>    |                                 |
| TITLE                      |                              | <input type="checkbox"/> DELETE |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY - ST - ZIP            |                              |                                 |
| TITLE                      |                              | <input type="checkbox"/> DELETE |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY - ST - ZIP            |                              |                                 |
| TITLE                      |                              | <input type="checkbox"/> DELETE |
| NAME                       |                              |                                 |
| STREET ADDRESS             |                              |                                 |
| CITY - ST - ZIP            |                              |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 11 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |  |   |
| 13 STREET ADDRESS                                     |  |   |
| 14 CITY - ST - ZIP                                    |  |   |
| 21 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |  |   |
| 23 STREET ADDRESS                                     |  |   |
| 24 CITY - ST - ZIP                                    |  |   |
| 31 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |  |   |
| 33 STREET ADDRESS                                     |  |   |
| 34 CITY - ST - ZIP                                    |  |   |
| 41 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |  |   |
| 43 STREET ADDRESS                                     |  |   |
| 44 CITY - ST - ZIP                                    |  |   |
| 51 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |  |   |
| 53 STREET ADDRESS                                     |  |   |
| 54 CITY - ST - ZIP                                    |  |   |
| 61 TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

**SIGNATURE:** *Myra L. Tedder* Myra L. Tedder

7/24/96

(352) 245-8559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original File #

CR2E034 (3/96)