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 # L65366

1. Corporation Name

TEALL'S GUIDES, INC.

I	P	ri	пС	ij	Dá	ı	F	ŀ	ac	e	of	Business
			_		_			_				_

Mailing Address

111 SAGUARO LANE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90270 030 ***150.00



MARATHON FL 33050				RATHON FL 33050				DO NO	DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qu 04/13/1990					
2. Principal Pl	lace of Business		2a.	Mailing Address				4. FEI Number			Appl	ied For	
21			26					65-0184480 Not				Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				\$8.75 Additional					
22					_=			5. Certificate of Status Desired Fee Required					
City & State	e ·			City & State				6. Election Campaign Financing \$5.00 May Be					
23		<u> </u>	28					Trust Fund Contribution			ded to	Fees	
Zip		Country		Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ※No.					
24	25		29		30			Personal Property Tax. 10. Name and Address of	New Pegistered		- 6	ZINO	
	9. Name and	Address of (urrent Regis	tered Agent		81	Name	10. Name and Address of	New Registered	ryent			
TFAL	L, RUSSELL T	'. AL					Hame						
	SAGUARO LAI			82 Stro				et Address (P.O. Box Number is Not Acceptable)					
	ATHON FL 330			83									
1787 4 1						53						_	
						84	City		FL	85	Zip Co	de	
11. Pursuant office or reagent. I as	to the provisions egistered agent, m familiar with, a	of Sections 60 or both, in the and accept the	07.0502 and 66 State of Florid obligations of,	07.1508, Florida Si a. Such change w Section 607.0505	tatutes, the as authoriz , Florida St	above ed by atutes.	-named of the corpor	corporation submits this statement ration's board of directors. I hereby			g its re is regi	egistered stered	
SIGNATURE			- . 		101C D				DATE				
12.	Cigriature, type. "		ered agent and title i		NOTE: Register		t signature re	quired when reinstating) ADDITIONS/CHANGES			CTOR	S IN 12	
TITLE	DPS	OFFICE	NO AND DINE			TITLE	$\neg \neg$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Cha		Addition	
NAME	TEALL, RUSS	SFIT T III				NAME	1						
	111 SAGUAR						ADDRESS						
STREET ADDRESS	MARATHON					CITY-ST							
CITY-ST-ZIP TITLE	DVT			(DELETI		TITLE	-21			☐ Cha	nge	Addition	
NAME	TEALL, CHRI	STY F		_		NAME							
STREET ADDRESS	111 SAGUAR						ADDRESS						
CITY-ST-ZIP	MARATHON		<u></u> .			4 CITY-S		ر المراجع المر			-		
TITLE	MANTION			☐ DELET		TITLE	1-21			☐ Cha	inge	Addition	
NAME						NAME							
STREET ADDRESS	,						ADDRESS						
CITY-ST-ZIP	,					. CITY-S	- 1						
TITLE				☐ DELET		TITLE	-			Cha	inge	☐ Addition	
NAME						2 NAME				-			
STREET ADDRESS					4.3	STREET	ADDRESS	•					
CITY-ST-ZIP		•			4,4	CITY-S1	r-zip						
TITLE				☐ DELET	E 5.1	TTILE				☐ Cha	inge	Addition	
NAME					5.2	NAME							
STREET ADDRESS					5.3	STREET	ADDRESS						
CITY-ST-ZIP		•			5.4	CITY-S1	r-zip	·					
TITLE				☐ DELET	E 6.1	TITLE				Cha	inge	Addition	
NAME					6.2	NAME						ļ	
STREET ADDRESS		•			6.3	STREET	ADDRESS						
CITY-ST-ZIP					6.4	CITY-S1	r-ZiP						

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: