

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M99119** (3)

1. Corporation Name

TEAK SHIELD CORPORATION



Principal Place of Business

Mailing Address

% ROBERT E. DIFENDORF
5111-6 BAYMEADOWS RD.
JACKSONVILLE FL 32217

% ROBERT E. DIFENDORF
5111-6 BAYMEADOWS RD.
JACKSONVILLE FL 32217

2. Principal Place of Business

21 8282 WESTERN WAY CIRCLE

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 1102

Suite, Apt. #, etc.

27

City & State

23 JACKSONVILLE, FL

City & State

28

Zip

24 32256

Country

25 DUVAL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DIFENDORF, ROBERT E.
5111-6 BAYMEADOWS RD.
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

09/19/1988

3a. Date of Last Report

03/01/1995

4. FEI Number 59-3108791

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

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 types or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME: DIFENDORF, ROBERT E.
STREET ADDRESS: 5111-6 BAYMEADOWS RD.
CITY-ST-ZIP: JACKSONVILLE FL

TITLE ☐ DELETE

P
NAME: JOHNSON, MARION C
STREET ADDRESS: 4060 CORRIENTES CT S
CITY-ST-ZIP: JACKSONVILLE FL

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE:

Robert E. Diefendorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. DIFENDORF

1/18/96

904-730 7789

Daytime Phone #

CR2E034 (12/95)