## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 03 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (3)DOCUMENT # TEAK SHIELD CORPORATION Mailing Address Principal Place of Business 9532 HISTORIC KINGS RD. % ROBERT E. DIEFENDORF JACKSONVILLE FL 32257 5111-6 BAYMEADOWS RD. JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIEFENDORF, ROBERT E. 5111-6 BAYMEADOWS RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 83 City 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 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE DIEFENDORF, ROBERT E. 1.2 NAME NAME 5111-6 BAYMEADOWS RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE JOHNSON, MARION C 22 NAME 4060 CORRIENTES CT S STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELE1E Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE MALK 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

14. 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 13 if changed, or on an attachment system address.

6.4 City-St-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: MAY, - Choluna

TITLE

STREET ADDRESS

CITY-ST-ZIP

3/30/98

904-880 6060

Change

☐ Addition

CR2E034 (10/97