

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 12:03

DOCUMENT # P06230

(7)

1. Corporation Name

P H & T REALTY CORPORATION

Principal Place of Business

**13800 NW 21ST CT
CITRA FL 32113**

Mailing Address

**PO BOX 5429
OCALA FL 34478**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 11/02/1994
4. FEI Number 35-1099045	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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
30	

9. Name and Address of Current Registered Agent

**TEEGARDEN, TINA N.
13820 NW 21ST CT
CITRA FL 32113**

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

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	11 TITLE	☐ Change ☐ Addition
NAME	TEEGARDEN, TINA N.	12 NAME	
STREET ADDRESS	13820 NW 21ST CT	13 STREET ADDRESS	
CITY - ST - ZIP	CITRA FL 32113	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PETRO, CAROL J.	22 NAME	
STREET ADDRESS	1502 HUNTER PL.	23 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS IN 47203	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 190.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Tina N. Teggarden, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA N. TEGGARDEN

10 Feb 95

Date

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