SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUL 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40775 (9)

1. Corporation Name
TESECON, INC.

Mailing Address
POST OFFICE BOX 7452
MOBILE AL 36670

Principal Place of Business
POST OFFICE BOX 7452
MOBILE AL 36670

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1992	3a. Date of Last Report: 04/06/1993
4. FEI Number: 63-0968920	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HALL, SHELDON R.
1138 SE 5TH ST.
OCALA FL 34471

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D/C/P	11 TITLE
12 NAME	MILLER, RICHARD D.	12 NAME
13 STREET ADDRESS	7012 NO. CHARLESTON OAKS	13 STREET ADDRESS
14 CITY-ST-ZIP	MOBILE AL	14 CITY-ST-ZIP
21 TITLE	D/V/C	21 TITLE
22 NAME	MILLER, WILLIAM F.	22 NAME
23 STREET ADDRESS	7158 SMITHFIELD RD.	23 STREET ADDRESS
24 CITY-ST-ZIP	MOBILE AL	24 CITY-ST-ZIP
31 TITLE	D	31 TITLE
32 NAME	MILLER, SHERRY P.	32 NAME
33 STREET ADDRESS	7012 NO. CHARLESTON OAKS	33 STREET ADDRESS
34 CITY-ST-ZIP	MOBILE AL	34 CITY-ST-ZIP
~~41 TITLE~~	~~D~~	41 TITLE
~~42 NAME~~	~~LEONARD, MARK D.~~	42 NAME
~~43 STREET ADDRESS~~	~~23900 COWLING RD.~~ P/S Daleda	43 STREET ADDRESS
~~44 CITY-ST-ZIP~~	~~ROBERTSDALE AL~~	44 CITY-ST-ZIP
51 TITLE	V/P/S	51 TITLE
52 NAME	MILLER, WILLIAM F.	52 NAME
53 STREET ADDRESS	7158 SMITHFIELD RD.	53 STREET ADDRESS
54 CITY-ST-ZIP	MOBILE AL	54 CITY-ST-ZIP
61 TITLE	T	61 TITLE
62 NAME	MILLER, RICHARD D.	62 NAME
63 STREET ADDRESS	7012 NO. CHARLESTON OAKS	63 STREET ADDRESS
64 CITY-ST-ZIP	MOBILE AL	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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: R. D. Miller Richard D. Miller 7/15/94 (205) 478-9031 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0001041