2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P40775 05-07-2004 90115 042 ***150.00 1. Entity Name TESECON, INC. Principal Place of Business Mailing Address 24072559 POST OFFICE BOX 7452 **POST OFFICE BOX 7452** MOBILE, AL 36670 MOBILE, AL 36670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04292004 Chg-P City & State Applied For City & State 4. FEL Number 63-0968920 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, SHELDON R Street Address (P.O. Box Number is Not Acceptable) 1138 SE 5TH ST. OCALA, FL 34471 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change XIXI Addition TITLE **TITLE** MILLER, WILLIAM F. NAME NAME Miller, William F. STREET ADDRESS 6904 STONEBROOK DR N STREET ADDRESS 6904 Stone Brook N. MOBILE, AL CITY-ST-ZIP CITY-ST-ZiP Mobile, AL. 36604 Defete ☐ Change √ddition TITLE TITLE Miller, Richard D. NAME MILLER, SHERRY P. NAME 7012 Charleston Oaks Dr. N STREET ADDRESS 7012 NO. CHARLESTON OAKS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE, AL Mobile, AL 36695 ☐ Delete ☐ Change Addition TITLE TITLE MILLER, RICHARD D. NAME 7012 NO. CHARLESTON OAKS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE, AL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental report is fue 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment other like empowered.

SIGNATURE:

FILED

May 07, 2004 8:00 am