

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

<b>REINSTATEMENT</b> 1997	<b>PROFIT CORPORATION</b>	<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 28 PM 3:57

DOCUMENT # P93000066028 (0)

1. Corporation Name  
TEO'S SO., INC.

Principal Place of Business

2452 J & C BLVD.  
NAPLES FL 33942

Mailing Address

2452 J & C BLVD.  
NAPLES FL 33942



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1993 3a. Date of Last Report 05/29/1996

4. FEI Number 01-7380172 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MESSER, EDWARD  
5310 SHIRLEY ST.  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name JOSEPH A Di MASSIMO  
82 Street Address (P.O. Box Number is Not Acceptable) 2452 J & C BLVD  
83  
84 City NAPLES, FL. FL 85 Zip Code 34109

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 Joseph A. Di Massimo TRES. JOSEPH A. Di MASSIMO TRES. 10/22/97  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DIMASSIMO, ELIZABETH A  
STREET ADDRESS 2452 J & C BLVD.  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE  
NAME DIMASSIMO, JOSEPH A  
STREET ADDRESS 2452 J & C BLVD.  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☒ DELETE  
NAME MESSER, EDWARD  
STREET ADDRESS 2452 J & C BLVD.  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* REQUIRED

CR2E034 (4/97)