

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MOORE
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043276 (2)**

95 MAY -1 PM 2:04

1. Corporation Name

TEAM ENTERPRISES, INC.

Principal Office Location: **103 N 7TH ST
LAKE CITY FL 32055**
Mailed Address: **103 N 7TH ST
LAKE CITY FL 32055**

(If First Filing, This Space)

3. Date of Report (or Quarter) **06/06/1994** 3a. Date of Last Report

2. Principal Office Location	2b. Mailed Address	4. Filing Number	Applied Fee
21	26	59-3245834	Not Applicable
22. State: April	27. State: April	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
23. City & State	28. City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trade Fund Contribution	☐
24. City	29. City	8. This corporation has liability for intangible tax under § 194.002, Florida Statutes	☐ Yes ☒ No
24	29		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOYE, BARRY D
RT 12 BOX 557
LAKE CITY FL 32055-8836**

81. Name	85. Zip Code
82. Street Address (if C/O Box Number is Not Applicable)	FL
83.	
84. City	

11. I, the undersigned, the president, secretary, or clerk of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office in the registered agent in Florida, and that the change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am authorized to accept the change of the registered office of the corporation.

Signature: _____ Date: _____

12. CHARTERED OFFICERS	13. ADDITIONAL CHARTERED OFFICERS
NAME: VICE PRESIDENT LURONDA SMITH JOYE 103 N. 7TH ST. LAKE CITY, FL 32055	NAME: VICE PRESIDENT LURONDA SMITH JOYE 103 N. 7TH ST. LAKE CITY, FL 32055
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP: _____	ZIP: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP: _____	ZIP: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP: _____	ZIP: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP: _____	ZIP: _____

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in sections 194.001(4)(b) Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the president, secretary, or clerk of the corporation or the receiver or the authorized agent of the corporation. I am not the registered agent of the corporation. I am not the registered agent of the corporation. I am not the registered agent of the corporation.

SIGNATURE: *Luronda Smith Joye*
LURONDA SMITH JOYE

27 April '95 (904) 752-0923