## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94

P94000060795 (9)

JAMES C. TEDDER, P.A.

Principal Place	e of Business	Mailing Address								
5628 APRIL LANE 5628 APRIL LANE PLANT CITY FL 33567-1702										
						3. Date Incorporated or Qualified 08/15/1994	3a. Date of 02/02/1		3port	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number			plied For	
21		26				<b>59-3272601</b> Not Applicable				
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<del> </del>			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Z(p)	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for Florida Statutes		nder s.		
<u> </u>	9. Name and Address of Cu		1			10. Name and Address of New Re				
COL	NNETT, STEHPEN G			B1 N	ame		<del></del>		, , , , , , , , , , , , , , , , , , , ,	
115 E. MARGARET STREET			ļ.	<b>82</b> S	reet Addre	ss (P.O. Box Number is Not Acceptat	le)	<del></del>		
BHA	NDON FL 33511		-	83	<u></u>		·····			
				84 C	ity		FL 85	<b>Z</b> ip C	Code	
office or r	to the provisions of Sections 607 registered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change wa	s authorized	by the	med corpo corporation	oration submits this statement for the points board of directors. I hereby acceptions	ourpose of chan of the appointm	ging its ent as r	s registered registered	
SIGNATURE										
12.	Signature, typed or portled name of registere	d agent and title 1 approable. (N	OTE Registered	Agent si	gnature required	1 when reinstating)  ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGES TO OFF	DATE FRS AND DIRE	CTOR	S IN 12	
THE	PST	DELETE	1.1 7(7)	F		ADDITIONS/OFFAINGED TO OFFICE		hange	Addition	
NAME	TEDDER, JAMES C			1.2 NAME						
STREET ADDRESS	5628 APRIL LANE			EET ADD	RESS				1	
CITY - ST - ZII!	PLANT CITY FL			1.4 CiTY-ST-ZiP						
1016		DELETE	2.1 TiT				□ c	hange	Addition	
NAME			2.2 NA	2.2 NAME						
STREET ADDRESS		2.3 \$		2.3 STREET ADDRESS						
CHY-SI-ZIP			2.4 CI	Y-\$T-Z	P					
TITLE		DELETE	3.1 [[]				□ c	nange	Addition	
NAMÉ			3.2 NAI	VŧΕ						
STREET ADDRESS			3.3 ST	REET ADD	ress					
CHY-ST-ZP			3.4, CI	IY-ST-Z	Р					
TOTLE		DELETE	4.1 TIT	LE			□ c	hange	Addition	
NAM <del>E</del>			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	IEET ADD	RESS					
CITY-ST-ZIF			44 017	Y-ST-Z	Р					
TIFLE		☐ DELETE	5 1 TIT	LE	1		□ C	nange	☐ Addition	
NAME			5 2 NAI	ME						
STREET ADDRESS			5.3 \$1	REET ADD	RESS					
CITY-SF-ZIF			5.4 CIT	Y-\$T-ZI	P	<u></u>				
TITLE		☐ DELETE	6.1 T(T	LE				hange	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STF	REET ADD	RESS					

6.4 CITY-S1-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: June College JAMES C. TEDDER 4-15-97 (813) 684-2100
SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

Date

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