

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010109 (3)

1. Corporation Name

TEAM DEAN'S USA, INC.



Principal Place of Business

935 12TH ST.
VERO BEACH FL 32960

Mailing Address

935 12TH ST.
VERO BEACH FL 32960

2. Principal Place of Business

2a. Mailing Address

| | |
|---------------------|---------------------|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

4. FEI Number

59-3303730

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYS, L D
935 12TH ST.
VERO BEACH FL 32960

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, 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

Signature: typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature to print when report only)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAYS, L D | |
| STREET ADDRESS | 935 12TH ST. | |
| CITY-STATE-ZIP | VERO BEACH FL 32960 | |
| TITLE | MA | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on |
| 1.2 NAME | MAYS, L. D. | |
| 1.3 STREET ADDRESS | 585 GULL WING DR | |
| 1.4 CITY-STATE-ZIP | VERO BEACH, FL 32968 | |
| 2.1 TITLE | MAYS, Christopher | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on |
| 2.2 NAME | 585 GULL WING DR. | |
| 2.3 STREET ADDRESS | VERO BEACH, FL 32968 | |
| 2.4 CITY-STATE-ZIP | | |
| 3.1 TITLE | SI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on |
| 3.2 NAME | MAYS, SHARON D. | |
| 3.3 STREET ADDRESS | 585 GULL WING DR. | |
| 3.4 CITY-STATE-ZIP | VERO BEACH, FL 32968 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-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)(k), 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:

L. Dean Mays, dir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28

407 567 4021
Daytime Phone #

CR2E034 (12/95)