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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000032642 (7)

1. Corporation Name  
TEAMWORK III, INC.



Principal Place of Business

700-C S. JOHN RODES BLVD.  
SUITE C  
W. MELBOURNE FL 32904

Mailing Address

700-C S. JOHN RODES BLVD.  
SUITE C  
W. MELBOURNE FL 32934-9106

2. Principal Place of Business

21 415 MAGNOLIA AVE  
Suite Apt. # etc.

2a. Mailing Address

26 415 MAGNOLIA AVE  
Suite, Apt. #, etc.

22 City & State

23 MELBOURNE BEACH FL  
Zip Country

24 32951

25 BREVARD

27 City & State

28 MELBOURNE BEACH, FL  
Zip Country

29 32951

30 BREVARD

9. Name and Address of Current Registered Agent

CLEMENTE, CORNELIA  
415 MAGNOLIA AVENUE  
MELBOURNE FL 32951

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

12/20/1996

4. FEI Number

65-0625362

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOCHSTETLER, DAVID J  
STREET ADDRESS 3074 GRACE ST.  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ DELETE

NAME DOWNEY, TIMOTHY  
STREET ADDRESS 415 ATZ ROAD  
CITY-ST-ZIP MALABAR FL 32909

TITLE D ☐ DELETE

NAME CLEMENTE, CORNELIA  
STREET ADDRESS 415 MAGNOLIA AVE.  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

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

1577 BREESE STREET, NE  
PALM BAY, FL 32905

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Cornelia Clemente*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 19, 1997* 4079510227  
DATE DAYTIME PHONE # 0001278

CR2E034 (9/96)