

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P95000048154 (5)

1. Corporation Name
JOE W. TEEL, INC.

Principal Place of Business
8833 HOLLOWBROOK DRIVE
PENSACOLA FL 32514

Mailing Address
8833 HOLLOWBROOK DRIVE
PENSACOLA FL 32514-7117



2. Principal Place of Business 21 836 HORSEMEN'S PATH Suite, Apt. #, etc. 22 City & State 23 CANTONMENT, FL Zip 24 32533		2a. Mailing Address 26 836 HORSEMEN'S PATH Suite, Apt. #, etc. 27 City & State 28 CANTONMENT, FL Zip 29 32533		3. Date Incorporated or Qualified 06/20/1995		3a. Date of Last Report 04/30/1996	
Country 25 ESCAMBIA		Country 30 ESCAMBIA		4. FEI Number 59-3325443		Applied For Not Applicable	
9. Name and Address of Current Registered Agent TEEL, JANET B 8833 HOLLOWBROOK DRIVE PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name TEEL, JANET B 82 Street Address (P.O. Box Number is Not Acceptable) 836 HORSEMEN'S PATH 83 84 City CANTONMENT 85 Zip Code 32533		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEEL, JANET B	1.2 NAME	
STREET ADDRESS	9533 HOLLOWBROOK DRIVE	1.3 STREET ADDRESS	836 HORSEMEN'S PATH
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEEL, JOE W	2.2 NAME	
STREET ADDRESS	9533 HOLLOWBROOK DRIVE	2.3 STREET ADDRESS	836 HORSEMEN'S PATH
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE _____

CR2E034 (9/96)