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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name TEDCO, INC.



DOCUMENT # P96000026841

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90139 014 ***150.00

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9. Name and Address of Current Registered Agent FELDEN, CHRISTIAN B 2590 GOLDEN GATE PARKWAY SUITE 101 NAPLES FL 33942 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I mile milliar with, and accept the obligations of Section 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I mile milliar with, and accept the obligations of Section 607 0509. Florids Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I mile milliar with, and accept the obligations of Section 607 0509. Florids Statutes. 12. Corp of prise or	Zip	Country	Zip	Zip Country			
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CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 Learney certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	STREET ADDRESS			5.3 STREE	ET ADDRESS	s	
TITLE DELETE 6.1 TITLE Change Addition	ļ			54 CITY-	ST-ZIP		
NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. L bereby 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		1.7	☐ DELETE	6.1 TITLE		Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Learney 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	ì			62 NAME			
64 CITY-ST-ZIP 14. Learnby 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				6.3 STREE	ET ADDRESS	3	
14. Learning 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	}			6,4 CITY-	ST-ZIP		
	14. hereby o	ertify that the information supplied wit	h this filing does not qualify for			ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

14. I 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, I further certify that the information indicated on this annual report or supplemental annual report of the corporation or the receiver or trustee and that my signature shall have the same legal effect as if made under oath; that I am an officer or directory of the corporation or the receiver or trustee and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/94 941- 353-9440