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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035835

1. Corporation Name

TELEDYNAMICS GROUP, INC.

Principal Place of Business	Mailing Addre	
101 N. GARDEN AVENUE CLEARWATER FL 33755 US	101 N. GARDE CLEARWATER	n avenue
2. Principal Place of Business	2a. Mailing A	ddress
33 NO. GARDEN AVE	26	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
<b>22</b> #850	27	
City & State .	City & Sta	ate
23 CLEARWATER. FL	28	
Zin Country	Zip	Country

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90043 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1996 4. FEI Number Applied For 59-3379712 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Y Yes Personal Property Tax. 25 PINELLAS 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NASH, THOMAS C II 82 Street Address (P.O. Box Number is Not Acceptable) INTERVEST BANK BLVD 625 COURT ST 83 **CLEARWATER FL 33756** Zip Code 84 City 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, and accept the obligations of Section 607.0505. Florida Statutes.

agent. Fam familiar with, and accept the obligations of, Section Gov. 0303, Fibrida Statistics.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signatur	e required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12		
TITLE	PD :	ETE 1.1 TITLE	[X] Change	☐ Addition		
NAME .	SIMS, MONTE C	1.2 NAME				
STREET ADDRESS	101 GARDEN AVE #120	1.3 STREET ADDRES	s 33 NO. GARDEN AVE #850			
CITY-ST-ZIP	CLEARWATER FL 33755	1.4 CITY-ST-ZIP	CLEARWATER, FL 337.55			
TITLE	SD □ DEL	.ETE 2.1 TITLE	<u>k</u> Change	Addition		
NAME	BROWN, ROBERT G	2.2 NAME		í		
STREET ADDRESS	101 N GARDEN AVE #120	2.3 STREET ADDRES	33 NO. GARDEN AVE. #850			
CITY-ST-ZIP	CLEARWATER FL 33755	2.4 CITY-ST-ZIP	CLEARWATER, FL 33755	_		
·TITLE -	- DEL	ETE 3.1 TITLE	TREASURER Change	Addition		
NAME		3.2 NAME	A.ROGER TURRELL			
STREET ADDRESS	·	3.3 STREET ADDRES	33 NO. GARDEN AVE. #850			
CITY-ST-ZIP		3.4. CITY-ST-ZIP	CLEARWATER FL 33755			
TITLE	□ DEL	.ETE 4.1 πτLE	☐ Change	☐ Addition		
NAME		4. 2 NAME				
STREET ADDRESS	•	4.3 STREET ADDRES	ss			
CITY-ST-ZIP		4.4 CITY- ST- ZIP	<u></u>			
TITLE	· · DEL	LETE 5.1 TITLE	☐ Change	Addition (		
NAME	· .	5.2 NAME		1		
STREET ADDRESS		5.3 STREET ADDRES	" -			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	□ DEL		Change	☐ Addition		
NAME		6.2 NAME		ŀ		
STREET ADDRESS	•	6.3 STREET ADDRES	S			
CITY-ST-ZIP	,	6.4 CITY-ST-ZIP	Control of the state of the sta			

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 trastee 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, with all other like empowered.

SIGNATURE:

TREASURER

4/15/99 Daytime Phone #