

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90016 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 84323

1. Corporation Name

Tedder Construction Services Inc.

Principal Place of Business

478 Gentian Rd.
St. Augustine, FL
32086

Mailing Address

478 Gentian Rd
St. Augustine, FL
32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/96

4. FEI Number

59-3425648

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 478 Gentian Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 478 Gentian Rd

Suite, Apt. #, etc.

23 City & State

St. Augustine - FL

Zip

24 32086

Country

25 USA

28 City & State

St. Augustine - FL

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

Tedder, Rodney Dean
478 Gentian Rd.
St. Augustine, FL 32086

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 *Andrea J. Tedder*

Signature, typed or printed name of registered agent and title if applicable

Andrea J. Tedder

(NOTE: Registered Agent signature required when reinstating)

5/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Rodney D. Tedder

STREET ADDRESS 478 Gentian Rd

CITY-ST-ZIP St. Augustine, FL 32086

TITLE ☐ DELETE

NAME Secretary-Treasurer

STREET ADDRESS Andrea J. Tedder

CITY-ST-ZIP 478 Gentian Rd

ST. Augustine, FL 32086

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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; 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: *Andrea J. Tedder* *Andrea J. Tedder* 5/10/99 904-819-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)