

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90037 047 ***150.00

DOCUMENT # P97000029224

1. Corporation Name

TENSTAR INVESTMENTS, INC.

Principal Place of Business

ROUTE 12 BOX 916
LAKE CITY FL 32025

Mailing Address

ROUTE 12 BOX 916
LAKE CITY FL 32025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3448077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KAHLICH, MIKE
ROUTE 12 BOX 916
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

CHARLES G. KEITH

82 Street Address (P.O. Box Number is Not Acceptable)

ROUTE 12 BOX 916

83

84 City

LAKE CITY

FL

85 Zip Code

32025

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

CHARLES G. KEITH - CHARLES G. KEITH - TREASURER 2-8-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KAHLICH, MIKE
STREET ADDRESS ROUTE 1 BOX 145-K
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE

NAME MURPHY, TIM
STREET ADDRESS P.O. BOX 2157
CITY-ST-ZIP LAKE CITY FL 32056

TITLE D ☐ DELETE

NAME ALLINDER, DAVY
STREET ADDRESS 534 SOUTH ALACHUA STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☒ DELETE

NAME PITTMAN, CLINT
STREET ADDRESS ROUTE 4 BOX 4380
CITY-ST-ZIP FT. WHITE FL 32038

TITLE D ☐ DELETE

NAME PEELER, DALE
STREET ADDRESS ROUTE 12 BOX 916
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ DELETE

NAME KEITH, CHARLIE
STREET ADDRESS ROUTE 12 BOX 916
CITY-ST-ZIP LAKE CITY FL 32025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME RAYMOND CHESHIRE
1.3 STREET ADDRESS RT. 7 BOX 384
1.4 CITY-ST-ZIP LAKE CITY, FL 32055

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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES G. KEITH - CHARLES G. KEITH - TREASURER 2-8-99 904-755-1647

CR2E034 (11/98)

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