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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000105065

1. Corporation Name TEETS, INC.

Principal Place of Business

Mailing Address

114 EAST INDIANA AVENUE DELAND FL 32724

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## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90021 004 \*\*\*150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/15/1997 4. FEI Number

| 2. Principal Place of Business  | 2a. Mailing Address              |                          |  | 4. FEI Number                          |                | A                | pplied For         |  |
|---|----------------------------------|--------------------------|--|--|----------------|------------------|--------------------|--|
| 21  | 26                               |                          |  | 59-3485108                             |                | N-               | ot Applicable      |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.              |                          | .:   | 5. Certificate of Status Desired       |                | .\$8.75<br>Fee R | Additional equired |  |
| City & State  | City & State                     |                          |  | 6. Election Campaign Financing         |                | \$5.00           | May Be             |  |
| ¬ '   | 28                               |                          |  | Trust Fund Contribution                |                |                  | to Fees            |  |
| Zip Country   | <u> </u>                         | Country                  |  | 8. This corporation owes the curre     | ent vear Intai | ngible           | -                  |  |
| ·   | 29 30                            | ,                        |  | Personal Property Tax.                 |                | Yes              | □No                |  |
| 9. Name and Address of Current F  | <del></del>                      | .                        |  | 10. Name and Address of New R          | egistered A    | gent             |                    |  |
| i i i i   |                                  | 81                       | Name   |  |                |                  |                    |  |
| 1 to AMERILAWYER  |                                  |                          | 01 1 4 1 1 1 1 1 1   | (C.O. Day Number in Net Assenta        | hla)           |                  |                    |  |
| 343 ALMERIA AVENUE  |                                  |                          | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |                |                  |                    |  |
| CORAL GABLES FL 33134   |                                  |                          | 83   |  |                |                  |                    |  |
|   |                                  |                          |  |  |                | 1.11             |                    |  |
| · · · · · · · · · · · · · · · · · · ·   |                                  |                          | City   |  | FL.            | 85 Zip           | Code               |  |
| 11. Pursuant to the provisions of Sections 607.0502   | and 607 1508 Florida Statutes th | no ahove                 | a-named comp   | ration submits this statement for the  | nurnose of c   | hanging its      | s registered       |  |
| office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | Florida. Such change was author  | rized by                 | the corporation  | n's board of directors. I hereby accep | t the appoint  | tment as re      | egistered          |  |
| SIGNATURE   | AIOTE P                          |                          | t alamat va roquend  | when remetating)                       | DATE           |                  | <del></del> [      |  |
|   |                                  |                          | red Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |  |                |                  |                    |  |
| 12. OFFICERS AND  |                                  | 1.1 TITLE                |  |  |                | Change           | ☐ Addition         |  |
| TOTOD DALIE O III   |                                  | 1.2 NAME                 |  |  |                |                  |                    |  |
| AAA CAOT IMDIANA AMENDIR  |                                  | 1.3 STREET               | ADODESS  |  |                |                  |                    |  |
| OFLAND EL 00704   |                                  |                          |  |  |                |                  | 1                  |  |
|   |                                  | 1.4 CITY-ST<br>2.1 TITLE | 1-ZIP  | _ <u>i</u>                             |                | [ ] Change       | Addition           |  |
| TITLE   |                                  | 2.2 NAME                 |  |  |                | _ ,              | _ 1                |  |
| NAME  |                                  |                          | **************************************   | <b>↓</b> . <b>–</b> .                  | · ·            |                  | - 1                |  |
| STREET ADDRESS .  |                                  | 2.3 STREET               |  | 4                                      |                |                  | Į                  |  |
| CITY-ST-ZIP   |                                  | 2.4 CITY-S               | T- ZIP   | 1                                      |                | Change           | Addition           |  |
| TITLE   | 1                                | 3.1 TITLE                |  |  |                |                  | ۵. ۳۵۰۰۰۰۱         |  |
| NAME  | ď                                | 3.2 NAME                 | }  |  |                |                  | }                  |  |
| STREET ADDRESS  |                                  | 3.3 STREET               |  | •                                      |                |                  |                    |  |
| CITY-ST-ZIP   |                                  | 3.4. CITY-S              | T-ZIP  |  |                | Change           | Addition           |  |
| TILE  |                                  | 4.1 TITLE                |  | 1<br>•                                 |                | ☐ Change         | - Youngu           |  |
| NAME  |                                  | 4. 2 NAME                |  |  |                |                  | l                  |  |
| STREET ADDRESS  |                                  | 4.3 STREET               | ADDRESS  |  |                |                  | }                  |  |
| CITY-ST-ZIP   |                                  | 4.4 CITY-S               | T-ZIP  |  |                |                  |                    |  |
| TITLE   |                                  | 5.1 TITLE                |  |  |                | ☐ Change         | Addition           |  |
| NAME  |                                  | 5.2 NAME                 | 1  |  |                |                  |                    |  |
| STREET ADDRESS  | 1                                | 5.3 STREET               |  |  |                |                  |                    |  |
| CITY-ST-ZIP   |                                  | 5.4 CITY-S               | T-ZIP  |  |                |                  |                    |  |
| TITLE   | ☐ DELETE                         | 6.1 TITLE                |  |  |                | Change           | ☐ Addition         |  |
| NAME ·  |                                  | 6.2 NAME                 |  |  |                |                  |                    |  |
| STREET ADDRESS  |                                  |                          | ,  |  |                |                  |                    |  |
| l l   |                                  | 6.3 STREET               | ADDRESS  |  |                |                  | j                  |  |
| City-ST-ZIP  14. I hereby certify that the information supplied with                                      |                                  | 6.4 CITY-S               | T-ZIP  |  |                |                  |                    |  |

officer or director of the corporation of the receiver or trustee emptwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, proman attachment with an address, with all other like empowered.