

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 014 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000020770**

1. Corporation Name

TEHILLAH, INC.

Principal Place of Business

**3750 CRICKET COVE ROAD EAST
JACKSONVILLE FL 32224**

Mailing Address

**3750 CRICKET COVE ROAD EAST
JACKSONVILLE FL 32224**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3498603

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.

☐ Yes ☐ No

2. Principal Place of Business

21 11764 Marco Beach Dr.

2a. Mailing Address

26 11764 Marco Beach Dr.

Suite, Apt. #, etc.

22 9A

Suite, Apt. #, etc.

27 9A

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32224

Country

25 USA

Zip

29 32224

Country

30 USA

9. Name and Address of Current Registered Agent

**SAFER, ELIOT J
3974 WOODCOCK DRIVE
SUITE 100
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

**81 Name Chastang, Vicki G.
82 Street Address (P.O. Box Number is Not Acceptable) 11764 Marco Beach Dr. 9A
83
84 City Jacksonville FL 85 Zip Code 32224**

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 **Vicki G. Chastang** (NOTE: Registered Agent signature required when registering)

8/3/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASTANG, GRAYLIN N	
STREET ADDRESS	3750 CRICKET COVE ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASTANG, VICKI G	
STREET ADDRESS	3750 CRICKET COVE ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHASTANG, Graylin N.	
1.3 STREET ADDRESS	108 Lamplighter Island	
1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHASTANG, VICKI G.	
2.3 STREET ADDRESS	108 Lamplighter Island	
2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Vicki G. Chastang** **8/3/99 (904) 997-9306**

CR2E034 (5/99)