

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
George R. Thompson  
Secretary of State  
1995 ANNUAL REPORT

APPROVED  
AND  
FILED

4/29/95 - 11:21:22

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S00078

(3)

BRIAN TEBO, INC.

|   |                         |  |  |
|---|-------------------------|--|--|
| 1836 CREEKBANK DR<br>MIDDLEBURG FL 32068  |                         | 1836 CREEKBANK DR<br>MIDDLEBURG FL 32068 |  |
| 2. Name of Corporation  | 20. Mailing Address     | 26.                                      |  |
| <u>21. 1776 CANNONBALL, INC.</u>  | <u>Suite APT. # 100</u> | <u>27.</u>                               |  |
| <u>State &amp; Zip # 32068</u>  | <u>Suite Apt. B-100</u> | <u>28.</u>                               |  |
| <u>22. City &amp; State</u>   | <u>City &amp; State</u> | <u>29.</u>                               |  |
| <u>23. JACKSONVILLE, FL</u>   | <u>JACKSONVILLE, FL</u> | <u>30.</u>                               |  |
| <u>24. 32205</u>  | <u>25. 44-31</u>        | <u>26.</u>                               |  |
| 9. Name and Address of Current Registered Agent                                 |                         |  |  |
| <b>TEBO, BRIAN J.</b><br><b>1836 CREEKBANK DR</b><br><b>MIDDLEBURG FL 32068</b> |                         |  |  |

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 3. Date Incorporated or Organized   | 38. Date of Last Report   |
| <u>09/01/1990</u>   | <u>04/29/1994</u>   |
| 4. FEI Number   | Applied For   |
| <u>59-3026389</u>   | <input checked="" type="checkbox"/> Not Applicable                  |
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$0.75 Additional Fee Required             |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 8. Florida Corporation Tax Liability for Corporation Tax under G-150, 152, 154 Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 100.071 and 100.076 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 applicable rules of the Secretary of State's Office.

SIGNATURE:

TEBO, BRIAN J.  
1836 CREEKBANK DR  
MIDDLEBURG FL 32068

OFFICER'S AND DIRECTOR'S SIGNATURES AND ADDRESSES

| 12. OFFICER'S AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|-----------------------------|--|---|---|
| NAME                        | D<br><b>TEBO, BRIAN J.</b><br>1836 CREEKBANK DR<br>MIDDLEBURG FL | 14. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 15. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              |  | 16. STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP               |  | 17. CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 18. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 19. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              |  | 20. STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP               |  | 21. CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 22. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 23. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              |  | 24. STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP               |  | 25. CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 26. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 27. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              |  | 28. STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP               |  | 29. CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 30. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |  | 31. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS              |  | 32. STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP               |  | 33. CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.076 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 it would under oath. I shall be an officer or director of the corporation or its agent or trustee empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears on the R-12 or R-13 of the Florida Business License or an affidavit with an attorney.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

5/1/95 11:21:22 AM-04-00-2119  
Date & Time