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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00078

(3)

BRIAN TEBO, INC. Principal Place of Business Mailing Address 1776 CANTERBURY ST 1836 CREEKBANK DR MIDDLEBURG FL 32068-6902 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1990 07/08/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3026389 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name tebo, Brian J. 1836 CREEKBANK DR 82 Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG FL 32068 83 84 City 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. Shiprature: typed or per text name of repedened agent and title. Enppicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE 1.1 TITLE Change TITLE TEBO, BRIAN J. 1.2 NAME 1836 CREEKBANK DR 1.3 STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 1.4 CITY - ST- ZIP CHIY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS City-S 2 4 CITY-ST-ZIP ☐ DELETE Change Addition 11"LE 3.1 TITLE NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY: S1 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE THILE NAV -4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP COY ST-76 DELETE Addition Change TITLE 61 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP

14. I do 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

powere

SIGNATURE:

appears in Block 12 or Block

or on an attachment with

information indicated on this annual report or supplemental annual report I am an officer or director of the corporation or the receiver or trustee engage.

is true and accurate and that my signature shall have the same legal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #

FILED

Feb 07 1997 8:00am

Secretary of State