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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

DOCUMENT # V23202 (7)

1. Corporate Name
MR. TED ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 S. NOVA ROAD<br>SOUTH DAYTONA FL 32119 | 2600 S. NOVA ROAD<br>SOUTH DAYTONA FL 32119 |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 03/23/1992 | 03/24/1994 |

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

4. FEI Number: 59-3114468 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, WALTER E., III
315 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

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 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 _____ (NOTE: Registered Agent's signature required when filing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|---|---|---|---|
| 11 TITLE | VPD | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | MCKEE, DOUGLAS M | 12 NAME | |
| 13 STREET ADDRESS | 2600 S NOVA RD | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | DAYTONA BCH FL | 14 CITY-ST-ZIP | |
| 21 TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | MCKEE, J TED | 22 NAME | |
| 23 STREET ADDRESS | 2600 S NOVA RD | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | DAYTONA BCH FL | 24 CITY-ST-ZIP | |
| 31 TITLE | | 31 TITLE | PD ☐ Change ☒ Addition |
| 32 NAME | | 32 NAME | Doretta H. McKee |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | 2600 S. Nova Road |
| 34 CITY-ST-ZIP | | 34 CITY-ST-ZIP | Daytona Beach, Fl 32119 |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Doretta H. McKee (Doretta H. McKee) 2/24/95 904-788-7007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0000877 CP