

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90059 036 ***158.75

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1. Entity Name
TSG TECHNOLOGIES, INC.



Principal Place of Business
P.O. BOX 15967
SAVANNAH, GA 31416

Mailing Address
P.O. BOX 15967
SAVANNAH, GA 31416

94012314



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2405387

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPRAGUE, JONATHAN D
1855 NE 12TH AVE
SUITE C
GAINESVILLE, FL 32641

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JONATHAN D. SPRAGUE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/09/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BEDFORD, DEAN E 1855 NE 12TH AVE SUITE C GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYER, DONALD 327 EISENHOWER DR, SUITE 100 SAVANNAH, GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SPRAGUE, JONATHAN D. 1855 NE 12TH AVE, SUITE C GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN D. SPRAGUE, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/09/04 (912) 220-

Date

Daytime Phone # **1871**