

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **468904** (8)

1. Corporation Name

TGL, INC.

Principal Place of Business

**326 NE 2ND AVENUE
DELRAY BEACH FL 33444**

Mailing Address

**326 NE 2ND AVENUE
DELRAY BEACH FL 33444**



3. Date Incorporated or Qualified

02/03/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1568683

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KERN, JERRY K.
441 S.E. 2ND ST.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

KERN, KEITH D.

82 Street Address (P.O. Box Number is Not Acceptable)

50 SE 48 AVENUE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Keith D. Kern

KEITH D. KERN, ESR

5/13/96

(Signature typed or printed name of registered agent and, if not applicable, the

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE
NAME **STANLEY, KATHLEEN**
STREET ADDRESS **1439 PRINCETON LANE**
CITY- ST- ZIP **BOYNTON BEACH, FL 00000**

TITLE **PD** ☐ DELETE
NAME **JOHN H. MYERS, JR.**
STREET ADDRESS **215C HIGH POINT COURT E.**
CITY- ST- ZIP **DELRAY BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS **215C HIGH POINT COURT E.**

24 CITY- ST- ZIP **33444**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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)(k), Florida Statutes. I further certify that the information included 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:

John H. Myers Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. MYERS JR

407-278-5220

Date

Daytime Phone

CR2E034 (12/95)