FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # 564523 (9)

1. Corporation Name
T. G. DESIGN, INC.

Principal Place of Business	Mailing Address
2113 SOUTH US 1 JUPITER FL 33477 US	2213 SOUTH US 1 JUPITER FL 33477 US

3. Date Incorporated or Qualified **12/16/1977**	**3a.** Date of Last Report **04/16/1996**

2. Principal Place of Business	2a. Mailing Address
21 1850 N. CONGRESS AVE	26 1850 N. CONGRESS AVE
Suite, Apt #, etc 22 F-309	Suite, Apt. #, etc. 27 F-309
City & State 23 W. PALM BEACH, FL	City & State 28 W. PALM BEACH, FL
Zip 24 33401	Country 25 US	Zip 29 33401	Country 30 US

4. FEI Number **59-1784776** — 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
SPRINKLE, BRUCE L.
1850 N CONGRESS AVE, F-309
33401

10. Name and Address of New Registered Agent
B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City FL	B5 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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME: SPRINKLE, BRUCE L.	1.2 NAME	1850 N. CONGRESS AVE F-309
STREET ADDRESS: 2113 SOUTH US 1	1.3 STREET ADDRESS	W. PALM BEACH, FL 33401
CITY-ST-ZIP: JUPITER FL	1.4 CITY-ST-ZIP	
TITLE: ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME:	2.2 NAME	
STREET ADDRESS:	2.3 STREET ADDRESS	
CITY-ST-ZIP:	2.4 CITY-ST-ZIP	
TITLE: ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME:	3.2 NAME	
STREET ADDRESS:	3.3 STREET ADDRESS	
CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE: ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME:	4.2 NAME	
STREET ADDRESS:	4.3 STREET ADDRESS	
CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE: ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME:	5.2 NAME	
STREET ADDRESS:	5.3 STREET ADDRESS	
CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:	6.2 NAME	
STREET ADDRESS:	6.3 STREET ADDRESS	
CITY-ST-ZIP:	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: _____ BRUCE L. Sprinkle 4/17/97

561-746-6285