FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J80251** **(8)**

1. Corporate Name
T. G. S. OF TAMPA CORPORATION

Principal Place of Business
% THOMAS DEMAS
619 S. DALE MABRY HIGHWAY
TAMPA FL 33609

Mailing Address
% THOMAS DEMAS
619 S. DALE MABRY HIGHWAY
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1987**
3a. Date of Last Report: **05/01/1994**

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: **59-2806496** 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 § 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
DEMAS, THOMAS
619 S. DALE MABRY
TAMPA FL 33609

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEMAS, THOMAS
STREET ADDRESS	619 S. DALE MABRY
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the undersigned, subject to the penalties prescribed for false statements under Section 817.155, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or on an attached sheet with an address.

SIGNATURE: Tom DEMAS PRES 4/28/95
SIGNATURE AND TYPEWRITTEN PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

0293967 CP