

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 2: 57

DOCUMENT # P12639

(1)

1. Corporation Name

TGMD, INC.

Principal Place of Business

6137 BEACONWOOD RD. LAKE WORTH, FL 33467
P.O. BOX 18551
WEST PALM BEACH FL 33416

Mailing Address

6137 BEACONWOOD RD. LAKE WORTH, FL 33467
P.O. BOX 18551
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2764161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANTALIS, GEORGE
6137 BEACONWOOD RD.
LAKE WORTH FL 33477

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

Signature of Registered Agent (Required if Agent is not a corporation)

Signature of Registered Agent (Required if Agent is not a corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

TITLE	PVD
NAME	MANTALIS, GEORGE
STREET ADDRESS	6137 BEACONWOOD RD.
CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE	P
NAME	MANTALIS, GEORGE
STREET ADDRESS	6137 BEACONWOOD RD
CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE	VP
NAME	MANTALIS, MICHAEL
STREET ADDRESS	5111 PALEO PINES CIRCLE
CITY, ST, ZIP	FT PIERCE FL 34948
TITLE	S
NAME	MANTALIS, TAMARA
STREET ADDRESS	300 VILLAGE GREEN CIR. S
CITY, ST, ZIP	PALM SPRINGS FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
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 199.032(6), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95

407-582-8600