FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000072008 (4)**

1. Corporation Name

T.G.P. PROPERTIES, INC.

Principal Place of Business	Mailing Address
751 BAYSHORE DR TARPON SPRINGS FL 34689	751 BAYSHORE DR TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: **09/23/1993**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-3206907** ☐ 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	2a. Mailing Address
21 1440 Sheafe Ave	26 1440 Sheafe Ave
22 Suite, Apt. #, etc. #109	27 Suite, Apt. #, etc. #109
23 City & State Palm Bay, FL	28 City & State Palm Bay FL
24 Zip 32905 25 Country Brevard	29 Zip 32905 30 Country Brevard

9. Name and Address of Current Registered Agent

PASSAPAE, THOMAS G
751 BAYSHORE DR
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Thomas G. PASSAPAE
82 Street Address (P.O. Box Number is Not Acceptable): 1440 Sheafe Ave. # 109
83 Palm Bay
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 _____ Thomas G. PASSAPAE 6-23-96
Signature, typed or printed name of registered agent or title if applicable (Note: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PASSAPAE, THOMAS G.		1.2 NAME		
STREET ADDRESS	751 BAYSHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS 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 (12/95)

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)(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: _____ Thomas G. PASSAPAE 6-23-96 726-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #