

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000072008 (4)**

1. Corporation Name

T.G.P. PROPERTIES, INC.

Principal Place of Business

Mailing Address

**1440 SHEAFE AVE
1089
PALM BAY FL 32905
US**

**1440 SHEAFE AVE
109
PALM BAY FL 32905
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1993

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**

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 96**

26 **PO Box 96**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Waynesville NC**

24 Zip

28786

Country

25 **Haywood**

27 City & State

28 **Waynesville NC**

29 Zip

28786

Country

30 **Haywood**

9. Name and Address of Current Registered Agent

**PASSAPAE, THOMAS G
1440 SHEAFE AVE#109
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name **PASSAPAE, Thomas G.**
82 Street Address (P.O. Box Number is Not Acceptable)
531 ALHAMBRA
83 **Indian Harbour Beach**
84 City **FL** 85 Zip Code **32937**

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. I, the undersigned, 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

4-15-98

12. OFFICERS AND DIRECTORS

TITLE **PVST**
NAME **PASSAPAE, THOMAS G.**
STREET ADDRESS **751 BAYSHORE DR**
CITY-ST-ZIP **TARPON SPRGS FL**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVST**
1.2 NAME **PASSAPAE, Thomas G.**
1.3 STREET ADDRESS **531 ALHAMBRA**
1.4 CITY-ST-ZIP **Indian Harbour Beach FL 32937**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

14. I 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 in an attachment with an address.

SIGNATURE:

CR2E034 (10/97)