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 # 1. Corporation Name

P94000008926 (5)

TLG PROPERTIES INC.

Principal Place of Business Mailing Address								AN IDIO P	
1177 PARK AVENUE		1177 PARK AVENUE							
SUITE 5 ORANGE PA	NRK FL 32073	SUITE 5 ORANGE	PARK FL 32073						
		OHANGE I MIRE TE 02070			Date Incorporated or Qualified	1			
0 Division Divi	. f Fs					01/26/1994	05	/01/1	995
2. Principal Plac	e o' Business	2a. Mailing Add	dress			4. FID Number			Applied For
21 Suite, Apt. #,	etc	Suite, Apl.	# etc	· · · - ·		59-3224709	·····		Not Applicable
22		27 Suite: Apr.	27			5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Required			
City & State		— ·	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	 			Trust Fund Contribution Added to Fees			
Ζφ 24	Country	Zip	ı — — — — — — — — — — — — — — — — — — —			8. This corporation has liability for intangible tax under s 199.032,			
24	25 9. Name and Address of Curre	29 nt Registered Agen	30]	т		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		it trogistored rigeri		81	Name	IV. Name and Address of New F	efistered with	3711	
LEIDUG	NT DEANE F								
	olt, deane e Ark avenue			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
SUITE S	5			83					
ORANG	E PARK FL 32073			84	City	FL 85 Zip Code			Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Flori	da Statutes, the ab	ove-r	named corpo	pration submits this statement for the pur	none of abassi	ing its #	egistered 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 remist strig) DATE									
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFF	ICERS AND DI	FECTO	RS IN 12
TITLE	Р	☐ DE	LETE 1.1	TITLE				Change	Addition
NAME	LEIDHOLT, DEANE E		1	NAME					
STREET ADDRESS	3125 NAUTILUS RD.				ADDRESS				
CITY - ST - ZIP TITLE	MIDDLEBURG FL 32068	□ DE		CITY-S	T-ZIP		<u> </u>		
NAME		<u> </u>		TITLE			רו נ	Criange	☐ Addition
STREET ADDRESS				NAME	********				
CITY-ST-ZIP					ADDRESS				
Title		□ DE		CITY - S TITLE	1-219		. [] ('hanne	Addition
NAME				NAME			. 🗆 .	manye	L Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				DITY-S					
TIT; E		☐ DE		TITLE			П	Change	☐ Addition
NAME			421	IAME				-	_
STREE! ADDRESS			435	STREET	ADDRESS				·
CHTY-S1-ZIP			4.4.0	DiTY-S	1- Z iP				į
TITLE		☐ DE	LETE 5 1	TITLE				Zhange	Addition
NAME			521	IAME	ļ				
STREET ADDRESS			533	STREET	ADDRESS				
CITY - S.F ZIP				DITY-S	T-7IP				
TITLE		□ DE	LETE 6 1	TITLE				tiange	☐ Addition
NAME			627	NAME					
STREET ADDRESS			633	STREET	ADDRESS				
CITY-SI-ZIP				ITY-S					
14. I do hereby of certify that to	certify that the information supplied ne information indicated on this anni	with this filing is volur ual report or supolem	itarily furnished and ental annual report	does	s not qualify e and accur	for the exemption stated in Section 119, ate and that my signature shall have the	07(3)(k), Florida	Statute	es. I further

oath, that I am an officer or director of thososporation 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 charged, or on an attachment with an address.

SIGNATURE:

4/14/96 (904) 269-8899