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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008926 (5)

TLG PROPERTIES INC. Principal Pince of Business Mailing Address 1177 PARK AVENUE 1177 PARK AVENUE SUITE 5 ORANGE PARK FL 32073 ORANGE PARK FL 32073-4150										
						3. Date Incorporated or Qualified 01/26/1994		Date of Last F \$/18/1996		
ti	Place of Business	2a. Mailing Addr	ess			4. FEI Number 59-3224709	<u>L</u> .	A	pplied For lot Applicable	
Suite, Ar	ot #, etc	26 Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional	
(22) City & St	late	Crty & State	City & State			6. Election Campaign Financing Trust Fund Contribution Fee Required \$5.00 May Be Added to Fees				
23		28								
Zip	Country	Z _i p	C	ountry	/	8. This corporation has liability fo			s. 199.032,	
24	25	29	30			Florida Statutes 10. Name and Address of New R	Yes			
	9, Name and Address of C	urrent Hegistered Agent		81	Name	10. Name and Address of New A	egisteret.	ı Ağanı		
	EIDHOLT, DEANE E 177 PARK AVENUE			82	<u> </u>	70 0 0 0 W HE SEE NO. 4	.6.1= \			
	UITE 5					Idress (P.O. Box Number is Not Acceptable)				
	RANGE PARK FL 32073			83			<u></u>			
				84	City			85 Zip	Code	
			·····	1] '		FI			
agent. SIGNATURI	E Signature, typical or printed name of togst	ered agent and the if applicable	(NOTE: Regis:	erod Ag		poration submits this statement for the tion's board of directors. I hereby according to the red when reinstating)	DATE			
12.	OFFICER	RS AND DIRECTORS		3. 1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AN	UD DIRECTO		
THEF NAME	LEIDHOLT, DEANE E			2 NAME				C-1 cutadia	LJ Hadrio	
NAME STREET ADDRES	AAR MALERIAN DO		4		T ADDRESS					
CHY ST 70	MIDDLEBURG FL 32068		1	4 CITY-1	1					
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NAME			2.	2 NAME	\					
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STREET ADDRES	88				T ADORESS					
CITY ST-201			4.	4 CITY-	ST-ZIP					
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NAME			5.	2 NAME	ł					
STREET ADDRES	98		5.	3 STREE	T ADDRESS					
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6.4 CITY - ST - ZIP 14. It do 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 inclicated on this agonal 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 chrector of title cerporation 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 33 if changed or on an attachment full an address.

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

FILED

Apr 28 1997 8:00am

Secretary of State

0018503