


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

FILED
Jan 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 # **P94000029614 (2)**

1. Corporation Name
TLG PARTNERS, INC.



Principal Place of Business WALKER & KOEGLER, P.A. & Dillingham 10151-DEERWOOD-PARK-BLVD-BLDG-100-#200 JACKSONVILLE-FL-32256 US	Mailing Address WALKER & KOEGLER, P.A. & Dillingham 10151-DEERWOOD-PARK-BLVD-BLDG-100-#200 JACKSONVILLE-FL-32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 217 Ponte Vedra Park Drive Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra Beach, Florida Zip 24 32082		2a. Mailing Address 26 PO Box 676 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, Florida Zip 29 32004		3. Date Incorporated or Qualified 04/18/1994	
		4. FEI Number 59-3236987		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WALKER, JAMES V. 10151-DEERWOOD-PARK-BLVD BLDG-100-SUITE-200- JACKSONVILLE-FL-32256				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) c/o Walker Koegler & Dillingham, P.A. 83 217 Ponte Vedra Park Drive 84 City Ponte Vedra Beach 85 Zip Code FL 32082			
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11. Pursuant to the provisions of Sections 607.0102 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 *James V. Walker* **11/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	GOSLIN, TERI L	10151-DEERWOOD-PARK-BLVD-BLDG-100-STE-200	JACKSONVILLE-FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		217 Ponte Vedra Park Drive	Ponte Vedra Beach, Florida 32082
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
	MCCLAE, MARSHA M	10151-DEERWOOD-PARK-BLVD-BLDG-100-STE-200	JACKSONVILLE-FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		217 Ponte Vedra Park Drive	Ponte Vedra Beach, Florida 32082
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE *Marsha M. McCLae* **11/19/98** **59-3236987**

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