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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000037899 (9)

T & G HOLDINGS, INC.

| Principal Place of Business Mailing Address  1515 SMITH STREET 1515 SMITH STREET ORLANDO FL 32804 ORLANDO FL 32804-483 |                                                                                |                                                                   |                    | <del></del> . |                  |                                                                                                                                      |                                       |                    |                           |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|---------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------|---------------------------|
|                                                                                                                        |                                                                                |                                                                   |                    |               |                  | 3. Date Incorporated or Qualified                                                                                                    | 3a. Date of                           |                    | port                      |
| 9 Dringing D                                                                                                           | ace of Business                                                                | 2a. Mailing Address                                               |                    |               |                  | 05/19/1994<br>4. FEI Number : 5 % - 3 2 /                                                                                            | 04/29/1                               |                    | nlled Fau                 |
| 21 Principai ri                                                                                                        | ace of business                                                                | 26                                                                |                    |               |                  | AIOT ADDIAGODIE                                                                                                                      | 4173                                  |                    | plied For<br>t Applicable |
| Suite, Apt                                                                                                             | #, etc                                                                         | Suite, Apt. #, etc.                                               |                    |               |                  | -NOT FIT FROMOES                                                                                                                     | - \$8                                 |                    | dditional                 |
| 22                                                                                                                     |                                                                                | 27                                                                |                    |               |                  | 5. Certificate of Status Desired                                                                                                     | 1 1 7 7                               | Fee Re             |                           |
| City & State                                                                                                           | 9                                                                              | City & State                                                      |                    |               |                  | 6. Election Campaign Financing                                                                                                       | \$                                    | 5.00               | May Be                    |
| 23                                                                                                                     |                                                                                | 28                                                                | ·                  |               |                  | Trust Fund Contribution                                                                                                              |                                       | Added to           | o Fees                    |
| Zip                                                                                                                    | Country                                                                        | Žφ                                                                | Cour               | ntry          |                  | 8. This corporation has liability for i                                                                                              | <i>-</i> -                            |                    | 199.032,                  |
| 24                                                                                                                     | 25 9. Name and Address of Curre                                                | 29  <br>nt Registered Agent                                       | 30                 |               |                  | Florida Statutes  10. Name and Address of New Re                                                                                     | Yes No                                |                    |                           |
| 14AL                                                                                                                   |                                                                                |                                                                   |                    | 81            | Name             |                                                                                                                                      |                                       |                    |                           |
|                                                                                                                        | JS, THOMAS W<br>S SMITH STREET                                                 |                                                                   | - 1                |               |                  | 70 O D N 1 - 1 - 1 - 1 - 1                                                                                                           | 125                                   |                    |                           |
|                                                                                                                        | ANDO FL 32804                                                                  |                                                                   |                    | 82            | Street Add       | tress (P.O. Box Number is Not Acceptab                                                                                               | неј                                   |                    |                           |
| ONL                                                                                                                    | -11DO FE 32007                                                                 |                                                                   | Ī                  | 83            |                  |                                                                                                                                      |                                       |                    |                           |
|                                                                                                                        |                                                                                |                                                                   | }                  | 84            | City             |                                                                                                                                      | - 85                                  | Zip (              | nde.                      |
|                                                                                                                        |                                                                                |                                                                   |                    |               |                  | rporation submits this statement for the p                                                                                           |                                       |                    |                           |
| SIGNATURE                                                                                                              | Signature, typed or printed name of registered ag<br>OFFICERS AN               | ND DIRECTORS                                                      | E: Regislered      | Ager          | nt signature req | uired when reinslating) ADDITIONS/CHANGES TO OFFIC                                                                                   |                                       |                    | · p                       |
| TITLE                                                                                                                  | D                                                                              | ☐ DELETE                                                          | 1.1 101            | LE            | ŀ                |                                                                                                                                      |                                       | Change             | Addition                  |
| NAME                                                                                                                   | WILLIS, THOMAS W                                                               |                                                                   | 1.2 NAI            | ME            |                  |                                                                                                                                      |                                       |                    |                           |
| STREET ADDRESS                                                                                                         | 1515 SMITH STREET                                                              |                                                                   |                    |               | ADDRESS          |                                                                                                                                      |                                       |                    |                           |
| CITY-ST-ZIP<br>TITLE                                                                                                   | ORLANDO FL 32804                                                               | ☐ DELETE                                                          | 1.4 CIT<br>2.1 TIT |               | I · ZIP          |                                                                                                                                      | <u> </u>                              | Change             | Addition                  |
| NAME                                                                                                                   | D<br>Block, Gerald H                                                           | □ vaca.                                                           | 2.0 NAI            |               | ĺ                |                                                                                                                                      | ۰                                     | HOUNG              | L. Modifion               |
| STREET ADDRESS                                                                                                         | 1515 SMITH STREET                                                              |                                                                   |                    |               | ADDRESS          |                                                                                                                                      |                                       |                    |                           |
| CITY-ST-7IP                                                                                                            | ORLANDO FL 32804                                                               |                                                                   | 2. 4 CI            |               | Į.               |                                                                                                                                      |                                       |                    |                           |
| TITLE                                                                                                                  | <u> </u>                                                                       | DELETE                                                            | 3.1 JIT            |               |                  |                                                                                                                                      |                                       | Change             | Addition                  |
| NAME                                                                                                                   |                                                                                |                                                                   | 3.2 NA             | ME            |                  |                                                                                                                                      |                                       |                    |                           |
| STREET ADDRESS                                                                                                         |                                                                                |                                                                   | 3.3 STF            | REET          | ADDRESS          |                                                                                                                                      |                                       |                    |                           |
| CITY - ST - ZIP                                                                                                        |                                                                                | Driete                                                            | 3.4. CI            | _             | T-ZIP            |                                                                                                                                      | r 1 a                                 | 16.000             | 1 Additon                 |
| TITLE<br>NAME                                                                                                          |                                                                                | ☐ DELETE                                                          | 4.1 TIT<br>4. 2 NA |               |                  |                                                                                                                                      | البا                                  | Change             | Addition                  |
|                                                                                                                        |                                                                                |                                                                   |                    |               | ADDRESS          |                                                                                                                                      |                                       |                    |                           |
| STREET ADDRESS<br>CITY - S1 - ZIP                                                                                      |                                                                                |                                                                   | 4.5 ST             |               | 1                |                                                                                                                                      |                                       |                    |                           |
| TILE                                                                                                                   |                                                                                | DELETE                                                            | 5.1 717            |               |                  |                                                                                                                                      |                                       | hange              | Addition                  |
| NAME                                                                                                                   |                                                                                |                                                                   | 5.2 NA             | ME            | Ì                |                                                                                                                                      |                                       |                    |                           |
| STREET ADDRESS                                                                                                         |                                                                                |                                                                   | 5.3 ST             | REET          | address          |                                                                                                                                      |                                       |                    |                           |
| CHY-SI-710                                                                                                             |                                                                                |                                                                   | 5.4 CIT            |               | r-ZIP            |                                                                                                                                      |                                       |                    |                           |
| TITLE                                                                                                                  |                                                                                | ☐ DELETE                                                          | 61 TIT             |               |                  |                                                                                                                                      |                                       | Change             | Addition                  |
| NAME                                                                                                                   |                                                                                |                                                                   | 62 NA              |               | )                |                                                                                                                                      |                                       |                    |                           |
| STREET ADDRESS                                                                                                         |                                                                                |                                                                   | 63 ST              | REET          | ADDRESS          | •                                                                                                                                    |                                       |                    |                           |
| CITY-S1-ZiP                                                                                                            | or partity that the reference or well                                          | ad with this filing does not a                                    | 6.4 CIT            | Y-S1          | r-ziP            | nd in Section 110 07/2V/I Florida State                                                                                              | o I further on                        | ifu that           | the                       |
| informatio                                                                                                             | on indicated on this armual report or fficer or director of the corporation of | supplemental annual report is to<br>the receiver or trustee empoy | true and a         | keq.          | rate and the     | ed in Section 119.07(3)(I). Florida Statute<br>at my signature shali have the same lega<br>ort as required by Chapter 607, Florida S | d effect as if ma<br>statutes; and th | ade uno<br>at my n | der oath; that<br>name    |

**FILED** 

Feb 12 1997 8:00am

Secretary of State