SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 20 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057082 (7)**

1. Corporation Name
TGM GROUP, INC.

Principal Place of Business	Mailing Address
1905 S BAY ST EUSTIS FL 32726	1905 S BAY ST EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21: 600 JENNINGS AVE
2a. Mailing Address — 26: Box 1111
4. FEI Number: 59-3595939 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23: EUSTIS, FL
City & State — 28: EUSTIS, FL
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip — 24: 32727
Country — 25: USA
Zip — 29: 32727
Country — 30: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BLANKENSHIP, CHARLES S
1905 S BAY ST
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: BLANKENSHIP, CHARLES S.
82 Street Address (P.O. Box Number is Not Acceptable): 600 JENNINGS AVE
83:
84 City: EUSTIS FL 85 Zip Code: 32727

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BLANKENSHIP, CHARLES S	1.2 NAME		
STREET ADDRESS	5746 JACQUELYN DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DELANEY, DONALD H	2.2 NAME		
STREET ADDRESS	602 BROOKFIELD LOOP	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	TOMCZAK, DAVID J	3.2 NAME		
STREET ADDRESS	315 VALLEY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ROY JR.	4.2 NAME		
STREET ADDRESS	2471 CACTUS HILL DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV 89115	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ July 17, 1995 904-406-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES S. BLANKENSHIP

000083 CP