

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000076923 (9)

1. Corporation Name

TGI INVESTMENTS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -8 PM 2:16

Principal Place of Business

**5020 GUNN HIGHWAY
SUITE 250
TAMPA FL 33624**

Mailing Address

**5020 GUNN HIGHWAY
SUITE 250
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt., #, etc.

Suite 210

City & State

24

Zip

Country

2b. Mailing Address

26

Suite, Apt., #, etc.

Suite 210

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81

Name

Bruce W. Wilkinson, Esq.

82

Street Address (P.O. Box Number is Not Acceptable)

5020 Gunn Highway

83

Suite 210

84

City

Tampa

FL

85

Zip Code

33624

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Bruce Wilkinson

2-25-95

(Signature required for principal place of business and mailing address)

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

BENTON, Robert F.

1.3 STREET ADDRESS

5020 Gunn Hwy., Suite 210

1.4 CITY, ST, ZIP

Tampa, FL 33624

2.1 TITLE

D

☐ Change ☒ Addition

2.2 NAME

WILKINSON, Bruce W.

2.3 STREET ADDRESS

5020 Gunn Hwy., Suite 210

2.4 CITY, ST, ZIP

Tampa, FL 33624

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

FARROW, Norman H.

3.3 STREET ADDRESS

5020 Gunn Hwy., Suite 210

3.4 CITY, ST, ZIP

Tampa, FL 33624

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I 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)(b), 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 as an attachment with an address.

SIGNATURE:

Bruce Wilkinson

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/16/95

(Type)

(Signature of Agent)