SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 AUG 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085414 (8)**

1. Corporation Name
TB MG, INC.

Principal Place of Business	Mailing Address
291 CIRCLE DRIVE MAITLAND FL 32751 US	291 CIRCLE DRIVE MAITLAND FL 32751 US

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **59-3280825** (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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
GUEVREMONT, MAURICE
333 LAKE HOWARD DRIVE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
81 Name: Thomas E. Buckley
82 Street Address (P.O. Box Number is Not Acceptable): 291 CIRCLE DR
83
84 City: Maitland FL 85 Zip Code: 32751

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: Thomas E. Buckley President DATE: 8/23/96
Signature, typed or printed name of registered agent and the capacity or relationship to the corporation named above
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	GUEVREMONT, MAURICE	
STREET ADDRESS	333 LAKE HOWARD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	☐ DELETE
NAME	BUCKLEY, TOM	
STREET ADDRESS	333 LAKE HOWARD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	☐ DELETE
NAME	FOGGIN, FOREST	
STREET ADDRESS	333 LAKE HOWARD DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ Change ☑ Addition
11 TITLE	Director	
12 NAME	Buckley, Paula	
13 STREET ADDRESS	291 Circle DR	
14 CITY-ST-ZIP	MAITLAND, FL	
		☑ Change ☐ Addition
21 TITLE	D.	
22 NAME	Buckley, Tom	
23 STREET ADDRESS	291 Circle DR	
24 CITY-ST-ZIP	MAITLAND, FL	
31 TITLE	700018411[illegible]	☐ Addition
32 NAME	-08/08/96--01012--014	
33 STREET ADDRESS	****225.00 ****225.00	
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

9/9/96

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Thomas E. Buckley Thomas E. Buckley DATE: 7/26/96 Daytime Phone #: 407-644-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008184 CP