FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthar.: ANNUAL REPORT Secretary State 1996 DIVISION OF CORPORATIONS P95000077531 (8) DOCUMENT # T.G.S. ENTERPRISES, INC. Principal Place of Business 5316 N. W. 18 1910 N.W. 23 BLVD., STE. Mailing Address GAINESVILLE FL 32605 GAINESVILLE FL 32605 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For SAME SAME 21 59- 335569 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes XNo g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name SCHMIDT, THOMAS G 82 Street Address (P.O. Box Number is Not Acceptable) 1810 N.W. 23 BLVD., STE. 146 **GAINESVILLE FL 32605** 83 84 City Zip Code ections 607.09.2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office the State of Corion. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am with the corporation of the corporation 11. Pursuant to the provisions of or registered agent, or both familiar with, and accept in Signature, typed or printed name of eq tered agent and title 1 apolicable (NOTE: Registered Agent signature required when reinstating) CERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE HADIDAY7 ☐ DELETE 1. 1 TITLE ☐ Change ☐ Addition T.GARY SCHMIDT 5316 N.W. 85 AU GAINESVILLE, A. 32605 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-SI-ZIP 14 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - ST - ZiP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Hayaus Prhange DEP 11-11 TITLE DELETE 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-S1-ZIP 5.4 CITY - ST - ZIP THILE DELETE 6.1 TITLE Addition NAME 6.2 NAME

sping is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further of or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name intrinent with an address. certify that the information inclicated on this annual report, that I am an officer or director of the corporation appears in Block 12 or Block

6.3 STREET ADDRESS

6 4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this

STREET ADDRESS

CHTY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/96 352-373-7864

(12/95)

CR2E034