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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016714 (3)

1. Corporation Name
T.F.G. ENTERPRISES, INC.

Principal Place of Business

3138 LECANTO ST.
HOLIDAY FL 34691

Mailing Address

3138 LECANTO ST.
HOLIDAY FL 34691-3150



3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 5635 Regis Avenue

Suite, Apt. #, etc.

22 City & State

23 Port Richey, FL

24 Zip 34668

Country

25 Pasco

2a. Mailing Address

26 5635 Regis Avenue

Suite, Apt. #, etc.

27 City & State

28 Port Richey, FL

29 Zip 34668

Country

30 Pasco

4. FEI Number

65-1668777

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

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No

9. Name and Address of Current Registered Agent

VINSON, WILLIAM L
110 S. LEVIS AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D

NAME GRECO, THOMAS F
STREET ADDRESS 3138 LECANTO ST.
CITY-ST-ZIP HOLIDAY FL 34691

1.2 NAME

1.3 STREET ADDRESS

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

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4.1 TITLE

4.2 NAME

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4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

THOMAS F. GRECO 4/27/97 813-848-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0457351

CR2E034 (9/96)