

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90034 004 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *P98000107523*

1. Corporation Name

*TGWC, INC*

Principal Place of Business

Mailing Address

*19364 CAROLINA CIR  
BOCA RATON, FL 33434*

*SAME*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*12-29-98*

2. Principal Place of Business

2a. Mailing Address

*5126 US HWY 98 N.*

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*LOKELAND FL*

Zip Country

Zip Country

*33809 USA*

*30*

4. FEI Number

*65-0890820*

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*ZEH, STEVEN R  
19364 CAROLINA CIR.  
BOCA RATON, FL 33434*

81 Name

*LYLE JOSEPH L.*

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

*6729 STATE RD 54*

83

84 City

*NEW PORT RICHEY*

FL

85 Zip Code

*34652*

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

*JOSEPH L. LYLE*

(NOTE: Registered Agent signature required when reinstating)

*5/7/99*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME *D ZEH, STEVEN R*  
STREET ADDRESS *19364 CAROLINA CIR*  
CITY-ST-ZIP *BOCA RATON, FL 33434*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
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  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition  
*D*  
*LYLE JOSEPH L.*  
*6729 STATE RD 54*  
*NEW PORT RICHEY FL 34652*  
☐ Change ☒ Addition  
*D*  
*SWARTZ, SCOTT*  
*7028 WESTWATERS AVENUE #134*  
*TAMPA FL 33634*

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]* *JOSEPH L. LYLE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/7/99*

CR2E034 (11/98)