

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090275

Entity Name: TLG MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**217 JOHN KNOX RD.
TALLAHASSEE, FL 32303**Current Mailing Address:**217 JOHN KNOX RD.
TALLAHASSEE, FL 32303**FEI Number:** 59-3538246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILKINSON, BEN H. JR.
217 JOHN KNOX RD.
TALLAHASSEE, FL 32303 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BEN H. WILKINSON, JR.

02/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name BUFORD, ALBERT L JR.
Address 217 JOHN KNOX RD.
City-State-Zip: TALLAHASSEE FL 32303

Title DST
Name BUFORD, A. LEWIS III
Address 217 JOHN KNOX RD.
City-State-Zip: TALLAHASSEE FL 32303

Title D, PRESIDENT
Name WILKINSON, BEN H JR.
Address 217 JOHN KNOX RD
City-State-Zip: TALLAHASSEE FL 32303

Title V
Name PARKER, R. BRADFORD
Address 217 JOHN KNOX RD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name POWELL, WILLIAM C.
Address 217 JOHN KNOX RD.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name DESANTIS, PETER A., III
Address 217 JOHN KNOX RD.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name AUSLEY, DAN MCSWAIN
Address 217 JOHN KNOX RD.
City-State-Zip: TALLAHASSEE FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM POWELL**DIRECTOR**

02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date