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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 178511

(2)

WAYNE THOMAS INC.

Principal Place of Business 201 E KENNEDY BLVD STE 1609

P O BOX 3436

TAMPA FL 33602

201 E KENNEDY BLVD STE 1609 P O BOX 3436 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

FILED

Jan 15 1998 8:00am

Secretary of State

						3. Date Incorporated or Qualified			
						04/27/1954			
— , · ·	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For	
21		26				59-0714688	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	Mav Be	
23		28				Trust Fund Contribution	Added		
Zip	Country Zip Co			intry		8. This corporation owes or has paid the curren			
24	25	29	30				-	T No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
THOMAS, MICHAEL					Name				
201 E KENNEDY BLVD STE 1609				20 0					
				82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602				83					
				84	City 8			Code	
				04	FL			Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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									
					nt signature rec	quired when reinstating) DATE			
TITLE	OFFICERS AND DIRECTORS 13 AS DELETE 1.1			n r		ADDITIONS/CHANGES TO OFFICERS AND D	Change		
	* **	_		1,1 TITLE		سا	T change	Addition	
NAME	HUETTEMAN, SUSAN			1.2 NAME					
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE	SD ☐ DELETE 2.1			ΓLE		L	_ Change	Addition	
NAME			2.2 NA	2.2 NAME					
STREET ADORESS	50 RANCH ROAD			2.3 STREET ADDRESS				i	
CITY-ST-ZIP	THONOTOSASSA FL			2. 4 CITY-ST-ZIP		•			
TITLE	PD DELETE 3			ŒΕ			Change	Addition	
NAME	THOMAS, MICHAEL			3.2 NAME					
STREET ADDRESS	201 E KENNEDY BLVD #1609			3.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 00000			3.4. CITY-ST-ZIP					
TITLE			_	4.1 TITLE			Change	Addition	
NAME			428	4. 2 NAME		_			
STREET ADDRESS	16001 BOYETTE ROAD		1	4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE			Сћапде	Addition	
NAME						<u> </u>	1 Ottalige	☐ Addition	
			5.2 NA					ļ	
STREET ADDRESS					ADDRESS			1	
CITY-ST-ZIP		<u> </u>	5.4 CII		- ZIP				
TITLE		☐ DELETE	6.1 TIT			<u>L</u>	Change	☐ Addition	
NAME			6.2 NA	ME				1	
STREET ADDRESS			6.3 ST	REET A	ADDRESS			ĺ	
CITY-ST-ZIP			6.4 CIT						
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.

Thomas 1/6/98 (813) 229-3222