

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90050 014 ***150.00

0363989

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 178511

1. Corporation Name
WAYNE THOMAS INC.

Principal Place of Business
201 E KENNEDY BLVD STE 1609
P O BOX 3436
TAMPA FL 33602

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1954

4. FEI Number
59-0714688

Applied For
 Yes
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, MICHAEL
201 E KENNEDY BLVD STE 1609
TAMPA FL 33602

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

Michael Thomas

1/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS DELETE
NAME HUETTEMAN, SUSAN
STREET ADDRESS 1850 PROVIDENCE LKS BLVD, #206
CITY-ST-ZIP BRANDON FL

1.1 TITLE AS Change Addition
1.2 NAME HUETTEMAN, SUSAN R.
1.3 STREET ADDRESS 747 BURLWOOD STREET
1.4 CITY-ST-ZIP BRANDON FL

TITLE SD DELETE
NAME THOMAS, ROBERT M
STREET ADDRESS 50 RANCH ROAD
CITY-ST-ZIP THONOTOSASSA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME THOMAS, MICHAEL
STREET ADDRESS 201 E KENNEDY BLVD #1609
CITY-ST-ZIP TAMPA, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME THOMAS, STEPHEN
STREET ADDRESS 16001 BOYETTE ROAD
CITY-ST-ZIP RIVERVIEW FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Michael Thomas

Michael Thomas

1/20/99

Date

813-229-3272

Daytime Phone #

CR2E034 (11/98)