

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-19-2000 90174 028 ***150.00

DOCUMENT # 184980			
1. Entity Name THOMAS OIL COMPANY			
Principal Place of Business 3838 NORTH MAIN STREET GAINESVILLE FL 32609-2335		Mailing Address PO BOX 5006 3838 N MAIN ST GAINESVILLE FL 32627-5006 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0739498				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS JR, L J 1933 NW 24TH ST GAINESVILLE FL 32605			7. Name and Address of New Registered Agent		
			Name Leo D Thomas		
			Street Address (P.O. Box Number is Not Acceptable) 12406 SW 28 PL		
			City Archer		
			State FL		
			Zip Code 32618		

8. 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 *Leo D Thomas* DATE 2/22/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS JR, L J		NAME	Leo D Thomas	
STREET ADDRESS	1933 NW 24TH ST.		STREET ADDRESS	12406 SW 28 PLACE	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	Archer, FL 32618	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DOROTHY		NAME	Karen A. Thomas	
STREET ADDRESS	1933 NW 24TH ST.		STREET ADDRESS	12406 SW 28 PLACE	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	Archer FL 32618	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Commonwealth Party - V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LEO D.		NAME	6906 SW 134 AVE	
STREET ADDRESS	124606 SW 28 PLACE		STREET ADDRESS	Archer FL 32618	
CITY-ST-ZIP	ARCHER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leo D Thomas* DATE 2/22/00 DAYTIME PHONE # 352-373-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)