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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000042446 (2)

BILL THOMAS & SON, INC.

## FILED Mar 26 1997 8:00am Secretary of State

Principal Place of Business 1310 11TH STREET, S.W. NAPLES FL 33964	Mailing Address 1310 11TH STREET, S.W. NAPLES FL 34117-2274			
			3. Date Incorporated or Qualified 06/07/1994	3a. Date of Last Report 05/30/1996
2. Principal Place of Business	2a. Mailing Address	<del>17 (14) (14) (14) (14) (14) (14) (14) (14)</del>	4. FEI Number	Applied For
Suite, Apt #, etc	Suite, Apt. #, etc.		65-0498584	Not Applicable  \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Z(p) Country	28	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24 25	իդ ՝ ի-	30		Yes No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New F	tegistered Agent
FELDEN, CHRISTIAN B		81 Name	arol A. Thom	20
2590 GOLDEN GATE PARKWAY SUITE 101		82 Street Add	ress (P.O. Box Number is Not Accept	able
NAPLES FL 33942		83	10 11th Street	4300
1771 000 12 000 12		84 City . \		Int Zin Code
			uples	FL 85 Zip Code 34117
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statute Florida, Such channe was au	s, the above-named corpora	poration submits this statement for the	purpose of changing its registered
agent I am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.	non-o board of directors. I morely deep	2/2/07
SIGNATURE Signature type of or profied dance of registered agents.	omas MOTE	Registered Agent signature requi	red when reinstation	3/8/4 /
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THE D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME THOMAS, WILLIAM E		1.2 NAME		
STREET ADDRESS 1310 11TH STREET, S.W. NAPLES FL 33964		1.3 STREET ADDRESS		Į į
CITY-ST-ZIP NAPLES FL 33904	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
NAME THOMAS, CAROL A	Bennand and the Control of the	22 NAME		
STREET ADDRESS 1310 11TH STREET, S.W.		2.3 STREET ADDRESS		
CITY-SI-ZP NAPLES FL 33964		2.4 CITY-ST-ZIP		
THE D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME THOMAS, KENNETH W STREET ADDRESS 1310 11TH STREET, S.W.		3.2 NAME		
STREET ADDRESS 1310 11TH STREET, S.W.		3.3 SYREET ADDRESS 3.4. City-St-Zip		
THE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
C-TY - ST - ZIP	Artere	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Charac
THE	DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6 1 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
City-St-2P  14. Ldo hereby certify that the information supplied to	with this filing shop and a life	6.4 City-St-ZiP	d in Continu 110 07/2V/I) Florida Ctali	too I further cortify that the

Ido hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/97

455-47a