

**DOCUMENT # P98000069792**

1. Entity Name  
**T.H. GROUP, INC.**

Principal Place of Business <b>8709 N 56TH STREET TEMPLE TERRACE. FL 33617</b>	Mailing Address <b>8709 N 56TH STREET TEMPLE TERRACE FL 33647</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>18201 WIMBLEDON GRN. PL.</b> Suite, Apt. #, etc.
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City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33647</b>	Country <b>Hills</b>

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**  
01-16-2001 90006 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HAMED, TIM  
15210 AMBERLY DR, #2115  
TAMPA FL 33647**

7. Name and Address of New Registered Agent  
Name **HAMED, TIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**18201 WIMBLEDON GREEN PLACE**  
City **TAMPA** FL Zip Code **33647**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMED, TIM</b> <b>15210 AMBERLY DR, #2115</b> <b>TAMPA FL 33647</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tim Hamed* **7865. TIM HAMED** 1/9/01 **(813)985-5747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)