SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:20

DOCUMENT # **K93075** **(5)**

1. Corporation Name

THOMAS TRANSCRIPTION SERVICE, INC.

Principal Place of Business	Mailing Address
1036-34 DUNN AVENUE P.O. BOX 26613 JACKSONVILLE FL 32218-4830 US	1036-34 DUNN AVENUE P.O. BOX 26613 JACKSONVILLE FL 32218 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1989**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business
21 **550 BALMORAL CIRCLE**
Suite, Apt. #, etc.
22 **SUITE 305**
City & State
23 **JACKSONVILLE FLORIDA**
Zip 24 **32218** Country 25 **DUVAL**

2a. Mailing Address
26 **P.O. BOX 26613**
Suite, Apt. #, etc.
27
City & State
28 **JACKSONVILLE, FLORIDA**
Zip 29 **32226** Country 30 **DUVAL**

4. FEI Number: **59-2953708** ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, N. DIANE
2538 GAYLAND ROAD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DPS**	11 TITLE	☐ Change ☐ Addition
NAME	**THOMAS, N. DIANE**	12 NAME	
STREET ADDRESS	**2538 GAYLAND ROAD**	13 STREET ADDRESS	
CITY ST ZIP	**JACKSONVILLE FL**	14 CITY ST ZIP	
TITLE	**T**	21 TITLE	☐ Change ☐ Addition
NAME	**THOMAS, N. DIANE**	22 NAME	
STREET ADDRESS	**2538 GAYLAND ROAD**	23 STREET ADDRESS	
CITY ST ZIP	**JACKSONVILLE FL**	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: N. Diane Thomas 7-14-95 904-751-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01264466 FP