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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000040211 (2)**

1. Corporation Name
WOODIE H. THOMAS, III, P.A.

Principal Place of Business	Mailing Address
4940 HAVERHILL COMMONS CIRCLE # 32 WEST PALM BEACH FL 33417	4940 HAVERHILL COMMONS CIRCLE # 32 WEST PALM BEACH FL 33417-5976

2. Principal Place of Business 21 1600-C Vision DR.	2a. Mailing Address 26 1600-C Vision DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip / Country 24 33418 / 25 USA	Zip / Country 29 33418 / 30 USA

3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0495778	☐ 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, WOODIE H
4940 HAVERHILL COMMONS CIRCLE # 32
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name: Woodie H. Thomas, III
82 Street Address (P.O. Box Number is Not Acceptable): 1600 - C Vision DR.
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33418

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, WOODIE H 4940 HAVERHILL COMMONS CIRCLE # 32 WEST PALM BEACH FL 33417 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600-C Vision DR. ~~WEST PALM~~ Palm Beach Gardens, FL 33418
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100002062311 -01/17/97--01023--051 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ (S61) 1/14/97