FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 24 PM 4:04

DOCUMENT # **176625** **(2)**

1. Corporation Name
THOMEL INC

Principal Place of Business	Mailing Address
1505 POPLAR DR. ORMOND BCH. FL 32174-0413	1505 POPLAR DR. ORMOND BCH. FL 32174-0413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1954**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-6068142** 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. Does corporation owe any back taxes under s. 193.093, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

THOMPSON, YVONNE M
1505 POPLAR DR.
ORMOND BCH. FL 32174

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, DON L
STREET ADDRESS	1505 POPLAR DR.
CITY-ST-ZIP	ORMOND BCH. FL
TITLE	V
NAME	MELANCON, DEJEAN
STREET ADDRESS	817 PINNACLE DRIVE
CITY-ST-ZIP	MARIETTA GA
TITLE	ST
NAME	THOMPSON,YVONNE M
STREET ADDRESS	1505 POPLAR DR.
CITY-ST-ZIP	ORMOND BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
7. TITLE	[ ] Change	[ ] Addition
8. NAME		
9. STREET ADDRESS		
10. CITY-ST-ZIP		
11. TITLE	[ ] Change	[ ] Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
15. TITLE	[ ] Change	[ ] Addition
16. NAME		
17. STREET ADDRESS		
18. CITY-ST-ZIP		
19. TITLE	[ ] Change	[ ] Addition
20. NAME		
21. STREET ADDRESS		
22. CITY-ST-ZIP		
23. TITLE	[ ] Change	[ ] Addition
24. NAME		
25. STREET ADDRESS		
26. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report 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 added to the report or is added to an attachment with an address.

SIGNATURE: Yvonne M. Thompson — 2/21/95 — 904-673-7541
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0010774 CP