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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 184980 (1)

1. Corporation Name
THOMAS OIL COMPANY

Principal Place of Business
3838 NORTH MAIN STREET
GAINESVILLE FL 32609-2335

Mailing Address
PO BOX 5006
3838 N MAIN ST
GAINESVILLE FL 32602-5006
US



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

3. Date Incorporated or Qualified 05/04/1955	3a. Date of Last Report 02/09/1996
4. FEI Number 59-0739498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THOMAS JR, L J
1933 NW 24TH ST
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	THOMAS JR, L J	1.2 NAME	
STREET ADDRESS	1933 NW 24TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	THOMAS, DOROTHY	2.2 NAME	
STREET ADDRESS	1933 NW 24TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	THOMAS, LEO D.	3.2 NAME	
STREET ADDRESS	5227 NW 23RD PL.	3.3 STREET ADDRESS	12406 S.W. 28th Place
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	ARCHER, FL 32618
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Dorothy C. Thomas 2/20/97 352-373-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)