FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 184980

1. Corporation Name

THOMAS OIL COMPANY

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90043 049 ***150.00



								elek fili		E
Principal Place of Business Mailing Address										
3838 NORTH MAIN STREET PO BOX 5006										
GAINESVILLE FL 32609-2335		3838 N MAIN ST GAINESVILLE FL 32627	3838 N MAIN ST			DO NOT WRITE IN THIS SPACE				
		-	US			3. Date Incorporated or Qualifed				
						05/04/1955				
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Appl ed For				
21		26	26			59-0739498		Not Applicable		
Suite, Act. #, etc.		Suite, Apt. #, etc.	- 			\$8.75 Additional				
22	,	27	27			5. Certificate of Status Desired Fee Required				
City & State		City & State	City & State			6. Electior Campaign Financing \$5.00 Nay Be				
23		28	28			Trust Fund Contribution Added to Fees				Fees
Zip	Country	Country Zip C		Country		8. This co poration owes the	current year li			ca
24	25	29	30			Personal Property Tax.		A Ye	S	[]No
	9. Name and Address of Cur	rent Registered Agent		04	Name	10. Name and Address of Ne	w Registered	Agent		
THO	MAS JR,L J			81	Name					
	MMS JH,L J B NW 24TH ST		82 Street Add			ress (P.O. Box Number is Not Acc	eptable)			
	NESVILLE FL 32605		83							
QCII.	ALOVILLE I E OZOGO			63						
				84	City		FI	85	Zip C	cde
11. Pursuaut	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	es. the ab	ove-	-named corp	poration submits this statement for	be purpose o	f changi	ng its r	e gistered
l office or n	egistered agent, or both, in the St	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized	by th	ne corpora i	ion's board of directors. I hereby ac	cept the appo	intment	as reg	istered
_	m lamiliar with, and accept the ob	ilgaticins or, Section contropos, inc	nda Olata							
SIGNATURE	Signature, typed or printed nan e of registered	agent and title if applicable. (NOT)	Registered A	lgent:	signature requi	ed when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	PD	☐ DELETE	1.1 TITL	.E				☐ Ch	ange	☐ Addition
NAME	THOMAS JR,L J		12 NAME							
STREET ADDRESS	1933 NW 24TH ST.		1.3 STREE		ADDRESS					
CITY-ST-ZIP	GAINSVILLE FL		14 CIT	Y-\$T_	ZIP .					
TITLE	SD	☐ DELETE	2.1 TITL	£				□ CH	ange	Addition
NAME	THOMAS,DOROTHY		2.2 NAME							}
STREET ADDRESS	1933 NW 24TH ST.		2.3 STREET		ADDRESS					ļ
CITY-ST-ZIP	GAINSVILLE FL		2. 4 CITY- ST-ZIP							- Addition
TITLE	VD .	☐ DELETE	. 3.1 TITI	.E				☐ Ch	ange	☐ Addition
NAME	THOMAS, LEO D.		3.2 NAME							
STREET ADDRESS	2.000 07. 20 . 2.02		3.3 STF	REET #	ADDRESS					
CITY-ST-ZIP			3.4. CIT	_	-ZIP				nnac	Addition
TITLE		☐ DELETE	4.1 TITI					Ch	ioniye	[_] Addition
NAME			4.2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS						
CITY-ST-ZfP			4.4 CITY-5		ZIP			Ch	ange	Addition
TITLE		☐ DELETE	5.1 TITI 5.2 NA						ianyt	
NAME					ADDRESS					
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						
CITY-ST-ZIP			6.1 TITI					- Cr	ange	Addition
TITLE		☐ DELETE		6.1 III LE 6.2 NAME					g v	
NAME					ADDRESS					
STREET ADDRESS				3 STREET ADDRESS						

14. 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 cartify 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, with all other like empowered.

SIGNATURE:

352-373-6766