CHANGE OF OFFICERS

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

I .	PROFIT		FLORIDA DEPAR	TMENT OF STATE	7	
I .	RPORATION JAL REPORT			ne Harris		
	1999			of State	FILED	
DOCU	MENT# /	84980)		99 DEC -9 PM I	2: 48
Corporation					SECRETARY OF S	TATE
The	omas Oi	/ Compa	ny		TALLAHASSEE, FL	ORIDA
Principal Place	e of Business	Maili	ng Address			
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 195	ς
2 Principal F	Place of Business	. 2a h	Mailing Address		4. FEI Number	Applied For
21 3838 N. Main Street 26 P.O. BOX 5006					59-0739498	Not Applicable
Suite, Apt	#, etc.	27	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Cto	nesville F	lorida 28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 326	Country	y Z	2627	Country 30 1/5D	This corporation owes the current year Intangible Personal Property.	Yes No
24 3 6	9. Name and Addre	as of Current Register		30 7000	10. Name and Address of New Registered	
	LeoJ. pin	Thoma	SIL	81 Name	to David Thomas	•
	200 Party	100/ 193	3 NW 5	82 Street A	dress (P.O. Box Number is Not Acceptable)	2
P	CODOX	1/3	6 22 627	83 83	06 Ju 18 11906	
G	CO. BOX Sainesvill	e, Ploria		84 City		85 Zio Code
L	· · · · · · · · · · · · · · · · · · ·			Arc	eker FI	- 326/8
office or	registered agent, or both	i, in the State of Florida	. Such change was a	uthorized by the corpor	poration submits this statement for the purpose of o ation's board of directors. I hereby accept the appo	hanging its registered Intrnent as registered
1	am familiar with, and acc	cept the obligations of, s	c Dro	sidelph	11-1-9	9
SIGNATURE	Signature, typed or printed name	of registered agent and title if ap	opticable. (NO	TE: Registered Agent signature		/
12.		FFICERS AND DIRECT	DELETE	13. 1.1 TITLE	Pregiden 6	ND DIRECTORS of 12 Change Addition
NAME	Presiden	mas Jr.	DECETE	1.2 NAME	Les David Thomas	Cal Cutable (Tal verying)
STREE* ADDRESS	Presiden	4		1.3 STREET ADDRESS	12406 SW 28 Place	
CITY-ST-ZIP_				1.4 CITY-ST-ZIP	Archer F1 32618	
TITLE NAME	Secretary porotle	Thomas	DELETE	2.1 TITLE 2.2 NAME	Vice, President	Change Addition
STREET ADDRESS		1 10 111-1 0		2.3 STREET ADDRESS	Cadmus Melarty	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Archer El 32618	
TITLE	Vice Presi	dont	DELETE		secretary,	Change Addition
NAME expect appropries	Leo Pavi	d) Thomas		3.2 NAME 3.3 STREET ADDRESS	Karen Thomas	
STREET ADDRESS	1			3.4 CITY-ST-ZIP	12406 SW 28 Place Archer Pl 32618	
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4.2 NAME	5000 03079 -12/23/990	1854
STREET ADORESS				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE	<u>*****61.25</u>	Change Addition
NAME			_	5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
TITLE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			□ nere1e	6.2 NAME		Change CT Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 C/TY-ST-ZIP		QD
				0.4 04.7 07.23	- 1 446 Branch Ft. 14 Branch A. 1	
indicated	ertify that the information on this annual report or s	supplied with this filing supplemental annual rep	does not qualify for the port is true and accura	e exemption stated in sate and that my signatu	ection 119.07(3)(i), Florida Statutes. I further certify tre shall have the same legal effect as if made und	that the information er oath; that I am
indicated an officer in Block 1	pertify that the information on this annual report or s or director of the corpora 2 or Block 13 if changed	supplied with this filing supplemental annual rep ation or the receiver or to or on an attache and w	does not qualify for the cort is true and accum- rustee empowered to rith an address.	e exemption stated in sate and that my signature execute this report as	ection 119.07(3)(i), Florida Statutes. I further certify tre shall have the same legal effect as if made und required by Chapter 607, Florida Statutes; and the	that the information er oath; that I am t my name appears
indicated an officer in Block 1	12 or Block 13 if changed	supplied with this filing supplemental annual rep ation or the receiver or to , or on an attachment w	does not qualify for the cort is true and accumulatee empowered to ith an address.	e exemption stated in sate and that my signature execute this report as	ection 119.07(3)(i), Floride Statutes. I further certifure shall have the same legal effect as if made und required by Chapter 607, Florida Statutes; and the	that the information er oath; that I am t my name appears