

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-19-2000 90174 028 ***150.00

DOCUMENT # 184980

1. Entity 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 32627-5006
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0739498

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Leo D Thomas

Street Address (P.O. Box Number is Not Acceptable)

12406 SW 28 PL**Archer**

City

FL**32618**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS JR, L J	
STREET ADDRESS	1933 NW 24TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DOROTHY	
STREET ADDRESS	1933 NW 24TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LEO D.	
STREET ADDRESS	12406 SW 28 PLACE	
CITY-ST-ZIP	ARCHER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo D Thomas	
STREET ADDRESS	12406 SW 28 PLACE	
CITY-ST-ZIP	Archer, FL 32618	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen A. Thomas	
STREET ADDRESS	12406 SW 28 PLACE	
CITY-ST-ZIP	Archer FL 32618	
TITLE	Leo D Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6906 SW 134 AVE	
STREET ADDRESS	Archer FL 32618	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)