

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 4: 25

DOCUMENT # 352803

(1)

1. Corporation Name

THOMAS EQUIPMENT COMPANY

Principal Place of Business

**240 TALLEYRAND AVE
JACKSONVILLE FL 32202**

Mailing Address

**240 TALLEYRAND AVE
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1969

3a. Date of Last Report

04/12/1994

4. FEI Number

50-1272757

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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THOMAS, JACK H
240 TALLEYRAND AVE
JACKSONVILLE, FL
32202**

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 607.1506, 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
THOMAS, JACK H
4575 WHISPERING INLET DR
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
THOMAS, MARYLU T
4575 WHISPERING INLET DR
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
THOMAS, MARYLU T
4575 WHISPERING INLET DR
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
THOMAS, ARATHUR H
5542 GALEWIND LANE
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DP

THOMAS, JACK H.

9178 AUGUST CIRCLE

ST. AUGUSTINE, FLORIDA 32086

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

T

THOMAS, MARYLU T.

9178 AUGUST CIRCLE

ST. AUGUSTINE, FLORIDA 32086

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD

THOMAS, MARYLU T.

9178 AUGUST CIRCLE

ST. AUGUSTINE, FLORIDA 32086

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: MARYLU THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR: 12, 1995

904-355-0343