SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 17 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 526907 (1)THOMAS AUTOMOTIVE, INC. Principal Place of Business Mailing Address 8532 US 19 8532 US 19 PORT RICHEY FL 34688 PORT RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 03/03/1977 04/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1446428 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIRK THOMAS 18913 US 19 Street Address (P.O. Box Number is Not Acceptable) **B2** HUDSON FL 34667 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. nature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4 DELETE Change Addition TITLE PD 11 TITLE KIRK THOMAS NAME 1.2 NAME 18913 US 19 STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE POSO Change Addition TITLE JAMES THOMAS NAME JAMES THOMAS 2.2 NAME 8532 4519 1265 JASMINE AVE 2.3 STREET ADDRESS STREET ADDRESS PORT RICKLY, FL 34668 TARPON SPRINGS FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE noilit bA TITLE 3 1 TITLE VD THOMAS, KIRK 3.2 NAME NAME 11031 U.S. 19 3.3 STREET ADDRESS STREET ADDRESS PT RICHEY FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP

64 CITY-S1-7IP 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 eath that I am an officer or director of the corporation or the receiver or trustee inpowered 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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

Change

☐ Change

☐ Addition

Addition

DELETE

DELETÉ

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP