


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 04/01/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

<b>PROFIT CORPORATION ANNUAL REPORT 1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 585354 (4)</b>		
1. Corporation Name <b>ROGER G. THOMAS GENERAL CONTRACTOR, INC.</b>		

**FILED**  
 95 JUL 11 AM 9:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 50 S U S HWY ONE 304 JUPITER FL 33477 US		Mailing Address 50 S U S HWY ONE 304 JUPITER FL 33477 US	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-1852520	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	
22	27	<input type="checkbox"/> Not Applicable	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
	29	7. This corporation has liability for intangible tax under s. 199.002, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30		

DO NOT WRITE IN THIS SPACE.

8. Name and Address of Current Registered Agent  <b>THOMAS, ROGER G.</b> <b>50 S U S HWY 1 #304</b> <b>JUPITER FL 33477</b>		10. Name and Address of Now Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	THOMAS, DANNY R.
STREET ADDRESS	13885 GREENTREE TRAIL
CITY - ST - ZIP	WELLINGTON FL
TITLE	P
NAME	THOMAS, ROGER G
STREET ADDRESS	19000 LOXAHATCHEE RIVER
CITY - ST - ZIP	JUPITER FL
TITLE	V
NAME	THOMAS, JANICE
STREET ADDRESS	19000 LOXAHATCHEE RIVER
CITY - ST - ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	DELETE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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 changing, or in an attachment with an address.

SIGNATURE: [Signature] PRESIDENT 7-6-95 (407) 747-4600  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (3/95)