

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **585354** (4)

1. Corporation Name  
**ROGER G. THOMAS GENERAL CONTRACTOR, INC.**

**FILED**  
**Apr 02, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business		Mailing Address	
50 S U S HWY ONE 304 JUPITER FL 33477 US		50 S U S HWY ONE 304 JUPITER FL 33477 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	5980 Our Robbie's Rd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	Jupiter, FL
24	Zip	29	33458
25	Country	30	US

3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1978	07/11/1995
4. FEI Number	Applied For Not Applicable
59-1852520	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMAS, ROGER G.**  
**50 S U S HWY 1 #304**  
**JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name

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

5980 Our Robbie's Rd.

83

84 City

Jupiter

85 Zip Code

FL 33458

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent is the person to whom you send mail) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ROGER G	12. NAME	
STREET ADDRESS	19000 LOXAHATCHEE RIVER	13. STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL	14. CITY- ST- ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JANICE	22. NAME	
STREET ADDRESS	19000 LOXAHATCHEE RIVER	23. STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL	24. CITY- ST- ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 changed, or on an appointment with an address.

SIGNATURE: Roger G. Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (407) 747-4600  
Date File No.

CR2E034 (12/95)