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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 585354

(4)

ROGER G. THOMAS GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 5980 OUR ROBBIE'S RD 50 S U S HWY ONE JUPITER FL 33458-2401 304 JUPITER FL 33477 3a. Date of Last Report 3. Date Incorporated or Qualified 04/02/1996 09/06/1978 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 535 Gpres Dr 1900) loxabarchee River Co 59-1852520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name (THOMAS, ROGER G. 5980 OUR ROBBIE'S RD 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 84 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 for both, in the State of forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farmiliar with, and accept the diagrams of, Section 607.0505, Florida Statutes. agent I am familiar w Registered Agent a gnature required when reinstating) SIGNATURE d agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE ☐ Change THE THOMAS, ROGER G 1.2 NAME NAME 19000 LOXAHATCHEE RIVER 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 1/11€ TITLE THOMAS, JANICE 2.2 NAME NAME 19000 LOXAHATCHEE RIVER 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL 2.4 CITY-ST-ZIP City - \$1 - 7/P DELETE Change Addition THILE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - ST - ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE THLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 City-St-7iP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-70 Change Addition DELETE 61 TITLE HitE 62 NAME NAMÉ 63 STREET ADDRESS STREET ADDRESS 6.4 City-ST-ZIP CITY - \$1 - 71P 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 oath; that I am an officer or director of the corporation or the receiver of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block