

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 627956 (6)

1. Corporation Name

ED THOMAS INSURANCE AGENCY, INC.



Principal Place of Business

880 A EAST S.R. 434
LONGWOOD FL 32750

Mailing Address

880 A EAST S.R. 434
LONGWOOD FL 32750

2. Principal Place of Business

21 890 STATE ROAD 434
Sub: Apt. #, etc. EAST

22 City & State
23 LONGWOOD FL

24 Zip Country
25 32750 SEMINOLE

2a. Mailing Address

26 890 STATE ROAD 434
Sub: Apt. #, etc. EAST

27 City & State
28 LONGWOOD FL

29 Zip Country
30 32750 SEMINOLE

3. Date Incorporated or Qualified

06/28/1979

3a. Date of Last Report

01/23/1995

4. FEI Number

59-1922843

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

9. Name and Address of Current Registered Agent

THOMAS, ED
880 EAST HWY 434
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

890 STATE ROAD 434 east

83

84 City

LONGWOOD

85 Zip Code

FL 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 registered agent 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 or on an attachment with an address.

SIGNATURE: C EDWARD THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95

407 339 5231 x 13

CR2E034 (12/95)