


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 638816 (9) 1. Corporation Name THOMAS AND THOMAS, P.A.					
Principal Place of Business 401 S ROSILAND SUITE 100 ORLANDO FL 32801			Mailing Address 401 S ROSILAND SUITE 100 ORLANDO FL 32801		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2221 Lee Road Suite, Apt. #, etc. 22 Suite 22 City & State 23 Winter Park, FL Zip 24 32789		2a. Mailing Address 26 2221 Lee Road Suite, Apt. #, etc. 27 Suite 22 City & State 28 Winter Park, FL Zip 29 32789		3. Date Incorporated or Qualified 10/01/1979	
Country 25 USA		Country 30 USA		4. FEI Number 59-1938276 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees			

g. Name and Address of Current Registered Agent THOMAS, BRYAN M. 2221 LEE RD STE 17 WINTER PARK FL 32789				10. Name and Address of New Registered Agent			
81 Name same				82 Street Address (P.O. Box Number is Not Acceptable) 2221 Lee Road, Suite 22			
83 same				84 City same			
85 Zip Code same				FL			

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P NAME THOMAS, MARJORIE B STREET ADDRESS 401 S ROSALIND AVE #100 CITY-ST-ZIP ORLANDO, FL 00000 <input checked="" type="checkbox"/> DELETE				1.1 TITLE President 1.2 NAME Bryan M. Thomas 1.3 STREET ADDRESS 2221 Lee Road, Suite 22 1.4 CITY-ST-ZIP Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY-ST-ZIP				2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY-ST-ZIP				3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY-ST-ZIP				4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY-ST-ZIP				5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME STREET ADDRESS CITY-ST-ZIP				6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I 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 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 attachment with an address.

SIGNATURE:

 REQUIRED

CR2E034 (10/97)