

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 # F31258 (9)

1. Corporation Name

THOMAS-LEVY & ASSOCIATES, INC.



Principal Place of Business

1511 NORTH WESTSHORE BOULEVARD
SUITE 925
TAMPA, FL 33607

Mailing Address

18650 GULF BOULEVARD
INDIAN SHORES, FL 33467

NEW: 1348 MONTEREY BLVD N.E.
ST. PETE, FL 33704
PH. 813-823-0141

3. Date Incorporated or Qualified
04/20/1981

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 202 32 First Ave NE
22 St. Petersburg, FL
23 City & State
24 Zip
25 Country

26 1348 Monterey Blvd NE
27 Suite, Apt. #, etc
28 St. Petersburg, FL
29 Zip
30 Country

4. FEI Number
59-2080071

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

10. Name and Address of New Registered Agent

THOMAS, WILLIAM G JR.
18650 GULF BLVD., #205
INDIAN SHORES FL 33463

NEW: 1348 MONTEREY BLVD N.E.
ST. PETE, FL 33704
PH. 813-823-0141

81 Name

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

83 1348 Monterey Blvd NE

84 City

St. Petersburg

FL

85 Zip Code

33704

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]

4/30/96

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent must be a resident of the state of Florida)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	THOMAS, WILLIAM G JR	4635 LONGFELLOW AVE	TAMPA, FL 00000	<input type="checkbox"/>
DS	STARK, APRIL	4635 LONGFELLOW AVE	TAMPA, FL 00000	<input type="checkbox"/>
VP	CHESTNUT, HARDIS C	4635 LONGFELLOW AVE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
1	THOMAS, WILLIAM G JR	4635 LONGFELLOW AVE	TAMPA, FL 00000	<input type="checkbox"/>
2	STARK, APRIL	4635 LONGFELLOW AVE	TAMPA, FL 00000	<input type="checkbox"/>
3	CHESTNUT, HARDIS C	4635 LONGFELLOW AVE	TAMPA FL	<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>

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 attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
813-823-0141

CR2E034 (12/95)