

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

APPROVED AND FILED

95 MAR -2 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT '1995



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

DOCUMENT # **F73933** (6)
1. Corporation Name
E. L. THOMAS ENTERPRISES, INC.

Principal Place of Business: **500 EAST JACKSON STREET ORLANDO FL 32801**
Mailing Address: **500 EAST JACKSON STREET ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1982	3a. Date of Last Report 03/15/1994
21		26		4. FEI Number 59-2181276	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DOLAN, LAWRENCE E. 500 EAST JACKSON STREET ORLANDO FL 32801				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANEY, SUZANNE T.	1.2 NAME	
STREET ADDRESS	RT. 2, BOX 91	1.3 STREET ADDRESS	519 Ray Hill Road
CITY-ST-ZIP	HORSESHOE NC	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ANDREW L.	2.2 NAME	
STREET ADDRESS	P.O. BOX 547 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BREVARD NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, KATHLEEN T.	3.2 NAME	
STREET ADDRESS	15 N. HARDEE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ALEXANDER P., JR	4.2 NAME	
STREET ADDRESS	103 HARDEE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL L.	5.2 NAME	
STREET ADDRESS	PO BOX 603 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALAJUELA, COSTA RICA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, EDITH T.	6.2 NAME	
STREET ADDRESS	1 HARDEE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	6.4 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 attachment with an address.

SIGNATURE: Suzanne T. Maney - President 2-18-95 ⁽⁴⁰⁷⁾ 841-730
Signature, typed or printed name of officer or director