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FILED
Mar 31 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 # **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

3. Date Incorporated or Qualified

03/29/1982

4. FEI Number

59-2181276

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**DOLAN, LAWRENCE E.
500 EAST JACKSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MANEY, SUZANNE T.**
STREET ADDRESS **519 RAY HILL ROAD**
CITY-ST-ZIP **HORSESHOE NC**

TITLE ☐ DELETE

NAME **VD
THOMAS, ANDREW L**
STREET ADDRESS **258 OSBORNE RD**
CITY-ST-ZIP **BREVARD NC**

TITLE ☐ DELETE

NAME **S
HAAS, KATHLEEN T.**
STREET ADDRESS **103 HARDEE DR**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE

NAME **TD
THOMAS, ALEXANDER P., JR**
STREET ADDRESS **115 INDIAN RIVER DR #127**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE

NAME **D
THOMAS, MICHAEL L.**
STREET ADDRESS **PO BOX 025216**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
JENSEN, EDITH T.**
STREET ADDRESS **111 B GULKANA AVENUE**
CITY-ST-ZIP **FT RICHARDSON AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Suzanne T. Maney

2.3.98

CR2E034 (10/97)