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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F73933**

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	
21		26		03/29/1982	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-2181276	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 Country		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <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				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MANEY, SUZANNE T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 RAY HILL ROAD	1.2 NAME	
STREET ADDRESS	HORSESHOE NC	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD THOMAS, ANDREW L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	258 OSBORNE RD	2.2 NAME	
STREET ADDRESS	BREVARD NC	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S HAAS, KATHLEEN T.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	103 HARDEE DR	3.2 NAME	
STREET ADDRESS	ROCKLEDGE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD THOMAS, ALEXANDER P., JR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 INDIAN RIVER DR #127	4.2 NAME	
STREET ADDRESS	COCOA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D THOMAS, MICHAEL L.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 025216	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D JENSEN, EDITH T.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 B GULKANA AVENUE	6.2 NAME	
STREET ADDRESS	FT RICHARDSON AL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Suzanne Maney 2-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)