

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F81414**

(7)

1. Corporation Name

THOMAS BROS. FARMS, INC.



Principal Place of Business

9905 CLINTMORE RD
BOCA RATON FL 33496-1016

Mailing Address

9905 CLINTMORE RD
BOCA RATON FL 33496-1016

3. Date Incorporated or Qualified 05/14/1982	3a. Date of Last Report 01/31/1995
4. FEI Number 59-2203889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LASALLE, THOMAS L
5353 N FEDERAL HWY
#405
FORT LAUDERDALE FL 33308**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: THOMAS, STEPHEN STREET ADDRESS: 9905 CLINTMORE RD CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: THOMAS, NORMAN STREET ADDRESS: 9905 CLINTMORE RD CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: THOMAS, JOHN JR STREET ADDRESS: 9905 CLINTMORE RD CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: THOMAS, JEFFREY STREET ADDRESS: 9905 CLINTMORE RD CITY-STATE-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is veraciously 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 supplied only 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 attached list with an address.

SIGNATURE: *[Signature]* DATE: **3/28/96** **407-482-1111**

CR2E034 (12/95)