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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000002182 (4)

1. Corporation Name
THAMES TRADING INC.



Principal Place of Business: 509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084
Mailing Address: 509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084-4221

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-2946093
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

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

9. Name and Address of Current Registered Agent

SHAW, MICHAEL J
ENGLISH LANDING MARINA
509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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

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 fax, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPHAEL, GEORGE	1.2 NAME	
STREET ADDRESS	GUNNS CAMP	1.3 STREET ADDRESS	
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, SARAH	2.2 NAME	
STREET ADDRESS	GUNNS CAMP	2.3 STREET ADDRESS	
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, JENNA	3.2 NAME	
STREET ADDRESS	GUNNS CAMP	3.3 STREET ADDRESS	
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MICHAEL J.	4.2 NAME	
STREET ADDRESS	509 S PONCE DE LEON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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; and that I am 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. SHAW TRSR 4/1/97 904 829-8017

CR2E034 (9/96)