

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90044 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G19167

1. Corporation Name
NEVILLE-THOMAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% EVELYN F. NEVILLE
DRAWER 3327
VERO BEACH FL 32964**

Mailing Address
**% EVELYN F. NEVILLE
DRAWER 3327
VERO BEACH FL 32964**

3. Date Incorporated or Qualified

02/01/1983

4. FEI Number

59-2251339

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 the current year Intangible
Personal Property Tax. **If Any** ☒ Yes ☐ No

2. Principal Place of Business

21 2233-35-14th Ave

2a. Mailing Address

26 Drawer 3327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Vero Beach, FL

27 City & State
Vero Beach, FL

23 Zip Country
32960 U.S.A.

28 Zip Country
32964 U.S.A.

9. Name and Address of Current Registered Agent

**NEVILLE, EVELYN F.
2239 14TH AVE.
VERO BEACH FL 32960**

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	PDT	<input type="checkbox"/> DELETE
NAME	NEVILLE, EVELYN F.	
STREET ADDRESS	2235 14TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEKOLD, DONALD F.	
STREET ADDRESS	4110 SW 63RD BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, JOHN H.	
STREET ADDRESS	321-21ST STREET 1701-44th Avenue	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sutherland, John H.
3.3 STREET ADDRESS	1701-44th Avenue
3.4 CITY-ST-ZIP	Vero Beach, FL 32960
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Evelyn F. NEVILLE

561-569-2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/27/99 Daytime Phone #

CR2E034 (11/98)