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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G43336

1. Corporation Name
THOMAS PROPERTIES, INC.

Principal Place of Business
2221 LEE ROAD, ~~SUITE 17~~
STE 22
WINTER PARK FL 32789
US

Mailing Address
2221 LEE ROAD, ~~SUITE 17~~
STE 22
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1983

4. FEI Number
59-2305805

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

~~DELETE 17~~

27 Suite, Apt. #, etc.

~~DELETE 17~~

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

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. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARJORIE BEKAERT THOMAS
~~401 S. ROSALIND~~
~~SUITE 100~~
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2745 W. Fairbanks Avenue

83

84 City
Winter Park

FL

85 Zip Code
32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
STREET ADDRESS THOMAS, MARJORIE B.
CITY-ST-ZIP 401 S ROSALIND STE. 100
ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 2745 W. Fairbanks Avenue
1.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE

Marjorie Bekaert Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marjorie Bekaert Thomas, President

Date

407/644-9319

Daytime Phone #

CR2E034 (11/98)