

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G49736** (3)
1. Corporation Name
THOMAS MACHINERY, INC.



Principal Place of Business
**5680 NW 161ST STREET
MIAMI FL 33014**

Mailing Address
**5680 NW 161ST STREET
MIAMI FL 33014**

3. Date Incorporated or Qualified
07/21/1983

3a. Date of Last Report
05/23/1995

4. FEI Number
59-2313928

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 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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MORGAN, CHARLES O., JR., ESQ.
1300 NW 167TH STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the filer (if filer is not the registered agent)

(If filer is Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HENEGAR, JAMES R	1.2 NAME	
STREET ADDRESS	4850 SW 52ND STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	DAVIE FL 33314	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	
NAME	HASKELL, WILLIAM B	2.2 NAME	
STREET ADDRESS	11830 NW 6TH AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	BISCAYNE PARK FL 33161	2.4 CITY- ST- ZIP	
TITLE	TS	3.1 TITLE	VS
NAME	HENEGAR, JACK	3.2 NAME	Henegar, Jack
STREET ADDRESS	8321 N.W. 18TH STREET	3.3 STREET ADDRESS	2613 Marathon Lane
CITY- ST- ZIP	PEMBROKE PINES FL 33024	3.4 CITY- ST- ZIP	Ft. Lauderdale, FL 33312
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 is voluntarily 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Henegar

4-30-96

305-625-7878

CR2E034 (12/95)