

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

FILED

Apr 29 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 # **G88012** (1)
1. Corporation Name
THOMAS FELTER, INC.



Principal Place of Business: **4700 QUEEN LANE, JACKSONVILLE FL 32210 US**
Mailing Address: **C/O THOMAS A. FELTER, 4700 QUEEN LANE, JACKSONVILLE FL 32210 75M US**

2. Principal Place of Business: **5 GAILBERRY COURT**
2a. Mailing Address: **P.O. Box 1136**
23. City & State: **Bunnell, FL**
24. Zip: **32110** 25. Country: **FLORIDA** 29. Zip: **32110** 30. Country: **FLORIDA**

3. Date Incorporated or Qualified: **02/29/1984** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FELTER, JULIE BRYANT, 4700 QUEEN LANE, JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **5 GAILBERRY CT.**
83 _____
84 City: **Bunnell** 85 Zip Code: **FL 32110**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FELTER, JULIE BRYANT	
STREET ADDRESS	4700 QUEEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FELTER, THOMAS A.	
STREET ADDRESS	4700 QUEEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELTER, LELA LOVETT	
STREET ADDRESS	4700 QUEEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELTER, CEIL DANIELLE	
STREET ADDRESS	4700 QUEEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5 GAILBERRY CT.
1.4 CITY - ST - ZIP	BUNNELL, FL 32110
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5 GAILBERRY CT.
2.4 CITY - ST - ZIP	BUNNELL, FL 32110
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5 GAILBERRY CT.
3.4 CITY - ST - ZIP	BUNNELL, FL 32110
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5 GAILBERRY CT.
4.4 CITY - ST - ZIP	BUNNELL, FL 32110
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 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 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: **A. Thomas Felter** 4/22/97 437-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)