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**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90019 030 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # G88012**

1. Corporation Name  
**THOMAS FELTER, INC.**



Principal Place of Business

Mailing Address

5 GALLBERRY COURT  
 BUNNELL FL 32110  
 US

P O 1136  
 BUNNELL FL 32110  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 County

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

FELTER, JULIE BRYANT  
 5 GALLBERRY CT  
 BUNNELL FL 32110

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD  DELETE

NAME FELTER, JULIE BRYANT

STREET ADDRESS 5 GALLBERRY CT

CITY-ST-ZIP BUNNELL FL

TITLE DV  DELETE

NAME FELTER, THOMAS A.

STREET ADDRESS 5 GALLBERRY CT

CITY-ST-ZIP BUNNELL FL

TITLE D  DELETE

NAME FELTER, LELA LOVETT

STREET ADDRESS 5 GALLBERRY CT

CITY-ST-ZIP BUNNELL FL

TITLE D  DELETE

NAME FELTER, CEIL DANIELLE

STREET ADDRESS 5 GALLBERRY CT

CITY-ST-ZIP BUNNELL FL

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

*Thomas Felter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99  
 Date

(904) 437-4544  
 Daytime Phone #

CR2E034 (1/98)