

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-23-96

DOCUMENT # G93598

1. Corporation Name

W. THOMAS CONSTRUCTION CORPORATION

Principal Place of Business

8780 SW 2ND ST., STE 209
MIAMI FL 33176

Mailing Address

8780 SW 2ND ST., STE 209
MIAMI FL 33176



2. Principal Place of Business	2a. Mailing Address
21 12659 S. DIXIE HWY	26 12659 S. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 116	27 SUITE 116
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33156	29 33156
Country	Country
25 RADC	30 RADC

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1984	06/13/1995
4. FEI Number	Applied For
59-2405862	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

9. Name and Address of Current Registered Agent

WILLIAM T. BROWN II
6300 SW 104 ST.
MIAMI FL 33156

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BROWN, WILLIAM T.	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	10102 SW 60TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	BROWN, TIMOTHY A.	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	6300 SW 104 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	☐ Change ☒ Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	☐ Change ☐ Addition
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

WILLIAM BROWN

4-9-96

305-595-8037

Date

Daytime Phone #

CR2E034 (12/95)