FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H62136

90102558

1. Entity Name
THOMAS ACCOUNTING, INC.

Principal Place of Business	Mailing Address
~~519 NORTH TYNDALL PKWY~~	~~519 NORTH TYNDALL PKWY~~
~~PANAMA CITY, FL 32404 US~~	~~PANAMA CITY, FL 32404 US~~

2. Principal Place of Business	3. Mailing Address
5509 Hickory St.	5509 Hickory St.
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Parker, FL	City & State Parker, FL
Zip 32404 Country BAY	Zip 32404 Country BAY

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2549848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BANKS, DONALD J.~~
~~434 MAGNOLIA AVENUE~~
~~PANAMA CITY, FL 32401~~

7. Name and Address of New Registered Agent

Name Powell A. Thomas
Street Address (P.O. Box Number Is Not Acceptable) 4511 BAYWOOD DR.
City LYNN HAVEN FL Zip Code 32444

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Powell A. Thomas 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, POWELL A. 4511 BAYWOOD DRIVE LYNN HAVEN, FL 32444 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Powell A. Thomas 4/15/03 (850) 784-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #