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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

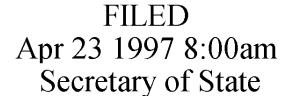
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88884

(2)

THOMAS & ASSOCIATES SPECIALTIES, INC.

Principal Place of Business Mailing Address
2619 BISPHAM ROAD
SARASOTA FL 34231 SARASOTA FL 34231-814





SARASOTA FL 34231			SARASOTA FL 34231-8149				
					3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last I 05/01/1996	Report
	Place of Business	1 ~ ~	2e. Mailing Address		4. FEI Number		pplied For
Suite, Apt. #. etc		26 Suite A	Suite, Apt. #, etc.		59-2607565		lot Applicable
22 City & State		27	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		28 City & S	"1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country		This corporation has liability for intangible tax under s. 199,032,		
24	25	29	30		Florida Statutes	Yes No	
		of Current Registered Ag	pent	81 Name	10. Name and Address of New Re	pistered Agent	
	IKUP, THOMAS H.			or Maille			
2619 BISPHAM RD SARASOTA FL 34231-5449					Address (P.O. Box Number is Not Acceptab	ie)	
				83			
				64 City		FL 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Section registered agent, or both, in im familiar with, and accept	ns 607.0502 and 607.1508, In the State of Florida Such I the obligations of Section	Florida Statutes, the at change was authorized 607,0505, Florida Stat	oove-named by the corp utes.	corporation submits this statement for the p location's board of directors. I hereby accep	uranas of abasasins	its registered s registered
SIGNATURE							
12.	Signature, typed or punted name of r	registered agent and title if applicable ICERS AND DIRECTORS	(NOTE: Registeres	Agent signature	required when reinstating)	DATE	00 151 40
1:TLF	PS		DELETE 1.1 TO	ne I	ADDITIONS/CHANGES TO OFFIC	Change	Addition 8
NAME	SOUKUP, THOMAS H.	-	1.2 NA	I		onange	- Institution
STREET ADDRESS	2619 BISPHAM ROAD		1.3 SI	REET ADDRESS			[8
C(1)Y - \$1 - 2(I)*	SARASOTA FL		1.4 CI	TY-ST-ZIP			13
TITLE	VPT		DELETE 2.1 TI	'L E		Change	Addition C
NAME	SOUKUP, SHARON L.		2.2 NA	ME			
STREET ADDRESS	2619 BISPHAM RD		2.3 ST	reet address			
CITY - ST - ZIF	SARASOTA FL			TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME		ι	DELETE 3.1 Tri	- 1		Change	Addition
STREET ADDRESS			3.2 NA				
CITY-ST-ZIP				REET ADDRESS Ty-St-Zip			
TITLE			DELEYE 4.1 Tri			Change	Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
TITLE			DELETE 5.1 TO	LE		Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	reet address			
C:TY - ST - ZIP			25.555	IY-ST-ZIP			
THILE		i	DELETE 6.1 TIT			☐ Change	Addition
NAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			
City St ZiP	and the information	on a mating with this films a	6.4 CI	Y-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:

R PRINTED NAME OF SIGNING OFFICER OR DIRECT

ukup 4/1

(941) 924-2650