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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J52025 (0)

1. Corporation Name

ED THOMAS AUTOS & LEASING, INC.

Principal Place of Business

1700 - 3RD STREET. S.W.  
WINTER HAVEN FL 33880

Mailing Address

1700 - 3RD STREET. S.W.  
WINTER HAVEN FL 33880



3. Date Incorporated or Qualified

01/13/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, JULIUS E.  
290 GREENFIELD ROAD  
WINTER HAVEN FL 33880

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDST ☐ DELETE

1.1 TITLE

PDST

☒ Change ☐ Addition

NAME

THOMAS, JULIUS E.

1.2 NAME

THOMAS, JULIUS E.

STREET ADDRESS

290 GREENFIELD ROAD

1.3 STREET ADDRESS

1700 Third St. S.W.

CITY - ST - ZIP

WINTER HAVEN FL

1.4 CITY - ST - ZIP

Winter Haven, FL 33880

TITLE

VD

☐ DELETE

2.1 TITLE

VD

☐ Change ☒ Addition

NAME

THOMAS, JULIUS E. J

2.2 NAME

DEVANE, CHRISTIE JO

STREET ADDRESS

290 GREENFIELD RD

2.3 STREET ADDRESS

4403 Burlington Dr.

CITY - ST - ZIP

WINTER HAVEN FL

2.4 CITY - ST - ZIP

Winter Haven, FL 33880

TITLE

☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME

3.2 NAME

THOMAS, JULIUS E. J (DELETE)

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

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

Date

Daytime Phone #

CR2E034 (12/95)