

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J61224** (8)
1. Corporation Name
THOMAS BROTHERS INDUSTRIES, INC.

Principal Place of Business

% GARY RICHARD THOMAS
1019 SHADICK DRIVE
ORANGE CITY FL 32763

Mailing Address

% GARY RICHARD THOMAS
1019 SHADICK DRIVE
ORANGE CITY FL 32763

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

THOMAS, GARY R.
1019 SHADICK DRIVE
ORANGE CITY FL 32763

REINSTATEMENT 01

3. Date Incorporated or Qualified

03/04/1987

3a. Date of Last Report

08/19/1996

4. FEI Number

59-2885050

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 607.0505 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

10-31-97

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME THOMAS, MICHAEL P
STREET ADDRESS 329 W. OHIO
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VP ☒ DELETE

NAME VANDEMARK, DONALD L.
STREET ADDRESS 533 E. NEW YORK AVENUE
CITY-ST-ZIP DELAND FL

TITLE S ☐ DELETE

NAME THOMAS, SYLVIA B
STREET ADDRESS 1019 SHADICK DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE P ☐ DELETE

NAME THOMAS, GARY R
STREET ADDRESS 1019 SHADICK DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002339114-3
-11/05/97--01084--004
****750.00 ****750.00

Signature

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

10-31-97

010-74-11155

CR2E034 (4/97)