FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 11 PM 2:57

DOCUMENT # **J65079** **(2)**

1. Corporation Name
THOMAS INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2861 AIRPORT RD CRESTVIEW FL 32536-0516	2861 AIRPORT RD CRESTVIEW FL 32536-0516

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2817271 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, RODNEY
352 SAN CLEMENTE DR
MILTON FL 32583

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	D	☒ Change ☐ Addition
NAME	BARNES, LEONARD	12 NAME	THOMAS E. MARTIN	
STREET ADDRESS	RT. 1, BOX 18	13 STREET ADDRESS	2433 WOODBINE DR.	
CITY-ST-ZIP	HOLT FL	14 CITY-ST-ZIP	CRESTVIEW FL. 32536	
TITLE	CD	21 TITLE	SAME	☐ Change ☐ Addition
NAME	JOHNSON, RODNEY	22 NAME		
STREET ADDRESS	352 SAN CLEMENTE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP		
TITLE	TAS	31 TITLE	SAME	☐ Change ☐ Addition
NAME	COKER, ELOISE	32 NAME		
STREET ADDRESS	2861 AIRPORT RD	33 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SAME	☐ Change ☐ Addition
NAME	SMITH, PERRY L.	42 NAME		
STREET ADDRESS	1515 PENNYSMITH RD	43 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	SAME	☐ Change ☐ Addition
NAME	BURLESON, GRADY L.	52 NAME		
STREET ADDRESS	P.O. BOX 390 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	VPD	☒ Change ☐ Addition
NAME	MARTIN, JAMES	62 NAME	JAMES MARTIN	
STREET ADDRESS	4357 PONDEROSA	63 STREET ADDRESS	4357 PONDEROSA DR	
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP	MILTON, FL	

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)(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: Rodney M. Johnson 4-5-95 (904) 444-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RODNEY M. JOHNSON CHAIRMAN

0470106 FP