

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10, 1996 08:00 AM
Secretary of State

DOCUMENT # **J65079** (2)
1. Corporation Name
THOMAS INTERNATIONAL ENTERPRISES, INC.



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

2. Principal Place of Business 2a. Mailing Address
21 **2861 Airport Rd.** 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Crestview, Fl.** 28 City & State
24 **32539-9048** 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **04/11/1995**
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

(DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, THOMAS E | 1.2 NAME | |
| STREET ADDRESS | 2433 WOODBINE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 1.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, RODNEY | 2.2 NAME | |
| STREET ADDRESS | 352 SAN CLEMENTE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | TAS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COKER, ELOISE | 3.2 NAME | |
| STREET ADDRESS | 2861 AIRPORT RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, PERRY L. | 4.2 NAME | |
| STREET ADDRESS | 1515 PENNSYSMITH RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURLESON, GRADY L. | 5.2 NAME | |
| STREET ADDRESS | P.O. BOX 396 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 5.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, JAMES | 6.2 NAME | |
| STREET ADDRESS | 4357 PONDEROSA | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON FL | 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: **Eloise Coker** **Eloise Coker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 **904-682-2300**
DATE DATE PHONE #

CR2E034 (12/95)