

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J65079 (2)

1. Corporation Name
THOMAS INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business
2861 AIRPORT RD.
CRESTVIEW FL 32539-8048
US

Mailing Address
2861 AIRPORT RD
CRESTVIEW FL 32539-8048



3. Date Incorporated or Qualified 04/02/1987
3a. Date of Last Report 04/10/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2817271		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

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. City	
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	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 PENNYSMITH 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 398 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 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: *Eloise Coker* *Eloise Coker* 4/26/97 904-682-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)