

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K70618 (9)

1. Corporation Name

THOMAS & ASSOCIATES ATTORNEYS AT LAW, P.A.

Principal Place of Business

**ROYAL PALM FINANCIAL CENTER
789 S. FEDERAL HWY. STE. #209
STUART FL 34994
US**

Mailing Address

**ROYAL PALM FINANCIAL CENTER
789 SOUTH FEDERAL HIGHWAY, #209
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1989

3a. Date of Last Report
04/22/1994

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

4. FEI Number

59-2959568

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. 194 (13)
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THOMAS, JEFFREY F.
789 S. FEDERAL HWY., SUITE 209
789 S. FEDERAL HWY.
STUART FL 34994**

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 the / applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPV**
NAME **THOMAS, JEFFREY F.**
STREET ADDRESS **789 S. FEDERAL HWY #209**
CITY- ST- ZIP **STUART FL**

TITLE **ST**
NAME **THOMAS, JEFFREY F.**
STREET ADDRESS **789 S. FEDERAL HWY #209**
CITY- ST- ZIP **STUART FL**

TITLE
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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE **DPVT** ☐ Change ☒ Addition
22 NAME **MARY B. THOMAS**
23 STREET ADDRESS **789 S. Federal Hwy #209**
24 CITY- ST- ZIP **Stuart, FL 34994**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 160.07(3)(b), 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 057, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/30/95

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