

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # K70640

(3)

1. Corporation Name

927 THOMAS STREET, INC.



Principal Place of Business

**GAIL ASHLEY
1100 GRINNELL ST.
KEY WEST FL 33040**

Mailing Address

**GAIL ASHLEY
1100 GRINNELL ST.
KEY WEST FL 33040**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ASHLEY, GAIL
1100 GRINNELL ST.
KEY WEST FL 33040**

3. Date Incorporated or Qualified
03/06/1989

3a. Date of Last Report
07/19/1995

4. FID Number
22-2969023

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

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 607.06(2) and 607.06(3), Florida Statutes, the above named corporation submits the 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. Thereby, and as the appointment as registered agent, I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation

Signature of the person who is authorized to sign this statement on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	☐ DELETE
12.2 NAME	ASHLEY, GAIL	
12.3 STREET ADDRESS	1100 GRINNELL ST	
12.4 CITY, ST, ZIP	KEY WEST FL	
12.5 TITLE		☐ DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST, ZIP		
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		
12.21 TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	
13.21 TITLE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurate, complete and true and that I am not qualified to be exempted from the provisions of Section 119.07(3)(a), 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. I am an officer or director of the corporation, the registered agent, or both, and I am not a resident of the State of Florida. This report was required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the register of corporations and is an attachment with an affidavit.

SIGNATURE:

Gail Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 276-5820
DATE AND PHONE NUMBER

CR2E034 (12/95)