

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

FILED

Jan 17 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 # L16773 (8)

1. Corporation Name
TIMOTHY NICHOLAS THOMES, P.A.

Principal Place of Business

C/O TIMOTHY NICHOLAS THOMES
PO BOX 3318
KEY LARGO FL 33037

Mailing Address

C/O TIMOTHY NICHOLAS THOMES
PO BOX 3318
KEY LARGO FL 33037-8318



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

3. Date Incorporated or Qualified

09/19/1989

3a. Date of Last Report

01/29/1996

4. FEI Number

65-0140384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THOMES, TIMOTHY NICHOLAS
99198 OVERSEAS HIGHWAY
SUITE 8
KEY LARGO FL 33037

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 Section 607.0502 and 607.1708, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both 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 agree to, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed and leave

(NOTE: Signature required when reinstating)

DATE

Timothy N. Thomes

President

1/8/97

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
0
THOMES, TIMOTHY NICHOLAS
20547 OLD CUTLER RD # 302
MIAMI FL

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information submitted 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 for supply of that 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 recorder 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 change of name or an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy N. Thomes
President

Date

Day:me Phone #

1/8/97 305-451-4053

CR2E034 (9/96)