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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10:01

DOCUMENT # M80230 (9)

1. Corporation Name
PETER S. THOMAS ARCHITECT/CONSULTANT, INC.

Principal Place of Business	Mailing Address
1403-14 TERRACE PALM BEACH GARDENS FL 33418	1403-14 TERRACE PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 4362 NORTHLAKE BLVD.
22 Suite, Apt. #, etc.: #208
23 City & State: PALM BEACH GARDENS
24 Zip: 33410 Country:

2a. Mailing Address
26: 1403-14 Terr.
27 Suite, Apt. #, etc.:
28 City & State: PALM BEACH GARDENS
29 Zip: 33418 Country:

4. FEI Number: 65-0073810 ☐ 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

THOMAS, ELISABETH A.
1403 14TH TERR
PALM BCH GDNS FL 33418

10. Name and Address of New Registered Agent

81 Name: PETER S. THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 1403-14 TERRACE
83
84 City: PALM BEACH GARDENS 85 Zip Code: FL 33418

11. Pursuant to the provisions of Section(s) 607.1502 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. Each 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] PETER S. THOMAS 1/17/95
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	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	THOMAS ELISABETH A	1.2 NAME	PETER S. THOMAS	
STREET ADDRESS	1403 - 14 TERR.	1.3 STREET ADDRESS	1403-14 Terr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS 33418	
TITLE		2.1 TITLE	SECY/TREAS.	☒ Change ☐ Addition
NAME		2.2 NAME	ELISABETH A. THOMAS	
STREET ADDRESS		2.3 STREET ADDRESS	1403-14 Terr.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM BEACH GARDENS 33418	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: [signature] PETER S. THOMAS 1/17/95 407/622-4942
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0264107 CP