

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M80230 (9)

1. Corporation Name

PETER S. THOMAS ARCHITECT/CONSULTANT, INC.



Principal Place of Business

4362 NORTH LAKE BLVD.  
STE. 208  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

1403-14TH TERRACE  
PALM BEACH GARDENS FL 33418  
US

3. Date Incorporated or Qualified

05/10/1988

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 26 7049 DEER POINT LANE

4. FEI Number

65-0073810

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27

City & State

City & State

23 28 WEST PALM BEACH FL

Zip

Country

Zip

Country

24 25 29 30 33411 PB

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

10. Name and Address of New Registered Agent

THOMAS, PETER S.  
1403-14TH TERRACE  
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7049 DEER POINT LANE

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33411

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

*Peter S. Thomas*  
Signature typed or printed name of registered agent and title if applicable.

PETER S. THOMAS

2/21/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME THOMAS, PETER S.  
STREET ADDRESS 1403-14 TERRACE  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ST ☐ DELETE  
NAME THOMAS, ELISABETH A.  
STREET ADDRESS 1403-14 TERRACE  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7049 DEER POINT LANE  
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33411

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7049 DEER POINT LANE  
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33411

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

*Peter S. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. THOMAS

Date

2/21/96 407/615-3711  
Daytime Phone #

CR2E034 (12/95)