

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00735 (3)

1. Corporation Name

RANDOLPH R. THOMAS FOUNDATION, INC.



Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
SUITE 2540, RIVERPLACE TOWER  
JACKSONVILLE FL 32207  
US1301 RIVERPLACE BLVD  
SUITE 2540, RIVERPLACE TOWER  
JACKSONVILLE FL 32207-9047  
US3. Date Incorporated or Qualified  
12/30/19833a. Date of Last Report  
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 2640, Riverplace Tower

Suite 2640, Riverplace Tower

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH G. ANDERSON, ESQ.  
1301 RIVERPLACE BLVD  
SUITE 2640, RIVERPLACE TOWER, Suite 2640  
JACKSONVILLE FL 32207

b1 Name

b2 Street Address (P.O. Box Number is Not Acceptable)

b3

b4 City

FL

b5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RANDOLPH R.(TRUS	
STREET ADDRESS	349 PONTA VEDRA BLVD.	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Mr. Thomas is deceased
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, OLENE A.(TRUSTEE	
STREET ADDRESS	349 PONTA VEDRA BLVD.	
CITY-ST-ZIP	PONTA VEDRA BEACH FL	

2.1 TITLE	Trustee; Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Olene A. Thomas
2.3 STREET ADDRESS	349 Ponte Vedra Boulevard
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WRIGHT, BARBARA	
STREET ADDRESS	112 DEER LAKE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

3.1 TITLE	Trustee; President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Wright
3.3 STREET ADDRESS	112 Deer Lake Drive
3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deborah S. Wallace
4.3 STREET ADDRESS	3778 Helicon Drive
4.4 CITY-ST-ZIP	Jacksonville, Florida 32223

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	Vice President/Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas A. Wright
5.3 STREET ADDRESS	112 Deer Lake Drive
5.4 CITY-ST-ZIP	Ponte Vedra Beach, Florida 32082

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Wright* Barbara Wright, President

273-6264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #00000000

CP2E037 (9/96)