

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 91354 038 \*\*\*150.00

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1. Entity Name  
**THOMASSON, INC.**

|  |   |
|--|---|
| Principal Place of Business                              | Mailing Address                                   |
| 214 A 6500 SUNSET WAY<br>SAINT PETERSBERG BEACH FL 33706 | P.O. BOX 66821<br>SAINT PETERSBURG BEACH FL 33703 |


|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |         |              |         |
|--------------|---------|--------------|---------|
| City & State |         | City & State |         |
| Zip          | Country | Zip          | Country |

|   |                |
|---|----------------|
| 4. FEI Number<br><b>59-3616896</b>  | Applied For    |
|   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

| 7. Name and Address of New Registered Agent        |  |
|--|--|
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  |
| City   |  Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

[illegible][illegible]

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Donald S. Thomason Donald S. Thomason 23 Feb '01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/00)