FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90009 007 ***150.00

DOCUMENT# P03000055499

1. Entity Name
THE THOMAS FAMILY CORPORATION

DO NOT WRITE IN THIS SPACE

44010794

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2. Principal Place of Business	3. Mailing Address
720 NE 339 Ave	P. O. Box 1475
~~Suite, Apt. #, etc.~~ SUWANNEE Circle	Suite, Apt. #, etc.
City & State: Old Town, FL.	City & State: Old Town, FL.
Zip: 32680 Country: U.S.A.	Zip: 32680 Country: U.S.A.

4. FEI Number 35-2205445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LORENE J. THOMAS

Street Address (P.O. Box Number is Not Acceptable): 720 NE 339 Ave SUWANNEE Circle

City: Old Town **FL** Zip Code: 32680

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President, Secretary, Treasurer
NAME	LORENE J. THOMAS
STREET ADDRESS	720 NE 339 Ave SUWANNEE Circle
CITY-ST-ZIP	Old Town, FL. 32680
TITLE	Vice President
NAME	Michael A. THOMAS
STREET ADDRESS	572 NE 339 Ave
CITY-ST-ZIP	Old Town, FL. 32680
TITLE	
NAME	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorene J. Thomas 2/9/04 352-542-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORENE J. THOMAS, PRESIDENT