

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P03935

(4)

1. Corporation Name

THOMAS, JAMES ASSOCIATES, INC.

Principal Place of Business

1895 MT. HOPE AVE.  
ROCHESTER NY 14620

Mailing Address

1895 MT. HOPE AVE.  
ROCHESTER NY 14620-4540

3. Date Incorporated or Qualified  
11/05/1984

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

16-1228688

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

RUTLEDGE, ECENIA, UNDERWOOD, PURNELL P.A.  
215 S. MONROE ST. 420  
MR. R. MICHAEL UNDERWOOD ESQ.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VILLA, JAMES A.	
STREET ADDRESS	1895 MT. HOPE AVE.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRESNER, MICHAEL A.	
STREET ADDRESS	1895 MT. HOPE AVE.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SETTEDUCATI, ROBERT JOSEPH	
STREET ADDRESS	1895 MT. HOPE AVE.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WITZEL, JAMES C.	
STREET ADDRESS	1895 MT. HOPE AVE.	
CITY-ST-ZIP	ROCHESTER, NY.	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, HAROLD	
STREET ADDRESS	1895 MT. HOPE AVE.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Rochester, NY 14620
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Rochester, NY 14620
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Rochester, NY 14620
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Rochester, NY 14620
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	Brown, Michael
6.4 CITY-ST-ZIP	1895 Mt. Hope Ave. Rochester, NY 14620

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James C. Witzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Date

716-256-4700

Daytime Phone #

CR2E034 (9/96)