

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26770

1. Corporation Name

JOHN THOMAS CONTRACTOR, INC.

Principal Place of Business

**1100 SWANN STATION RD.
SANFORD NC 27330**

Mailing Address

**1100 SWANN STATION RD.
SANFORD NC 27330**

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90082 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1989

4. FEI Number

56-1663062

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2310 SWANN STATION RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 2310 SWANN STATION RD.
Suite, Apt. #, etc.

City & State

23 SANFORD, NC

Zip Country

24 27330

25 USA

City & State

28 SANFORD, NC

Zip Country

29 27330

30 USA

9. Name and Address of Current Registered Agent

**BOATRIGHT, TRAVIS
RT. 3 BOX 390
COUNTY RD. 534
MAYO FL 32066**

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 **PD** ☐ DELETE
NAME **THOMAS, JOHN**
STREET ADDRESS **1100 SWANN STATION RD.**
CITY-ST-ZIP **SANFORD NC 27330**

TITLE **VST** ☐ DELETE
NAME **THOMAS, MARILYN**
STREET ADDRESS **1100 SWANN STATION RD.**
CITY-ST-ZIP **SANFORD NC 27330**

TITLE **D** ☐ DELETE
NAME **THOMAS, MARILYN**
STREET ADDRESS **1100 SWANN STATION RD.**
CITY-ST-ZIP **SANFORD NC 27330**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **THOMAS, JOHN**
1.3 STREET ADDRESS **2310 SWANN STATION RD.**
1.4 CITY-ST-ZIP **SANFORD NC 27330**

2.1 TITLE **VST** ☒ Change ☐ Addition
2.2 NAME **THOMAS, MARILYN**
2.3 STREET ADDRESS **2310 SWANN STATION ROAD**
2.4 CITY-ST-ZIP **SANFORD, NC 27330**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **THOMAS, MARILYN**
3.3 STREET ADDRESS **2310 SWANN STATION RD.**
3.4 CITY-ST-ZIP **SANFORD NC 27330**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99
Date

919-258-6680
Daytime Phone #

CR2E034 (1/1/98)