FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35817 (6)

1. Corporation Name
THE DEAN THOMAS CORPORATION

Principal Place of Business	Mailing Address
3401 LAKE AVE. FT. WAYNE IN 46805	3401 LAKE AVE. FT. WAYNE IN 46805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3518 STELLHORN ROAD
22 Suite, Apt. #, etc.
23 City & State: FORT WAYNE, IN
24 Zip: 46815 25 Country: USA

2a. Mailing Address
26 3518 STELLHORN ROAD
27 Suite, Apt. #, etc.
28 City & State: FORT WAYNE
29 Zip: 46815 30 Country: USA

4. FEI Number: 35-1709837 ☐ 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 § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ Date: _____
(If changing Registered Agent, New Registered Agent must sign above.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DCP THOMAS, DEAN 3401 LAKE AVE. FT. WAYNE IN	☒ Change ☐ Addition 3518 STELLHORN
ST THOMAS, DEAN 3401 LAKE AVE. FT. WAYNE IN	☒ Change ☐ Addition 3518 STELLHORN
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: _____ 4.28.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400710 FN