

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -9 PM 2:31

DOCUMENT # P93000000394 (5)

1. Corporation Name

TRACY J. THOMAS, P.A.

Principal Place of Business

317 ELMIRA BLVD. N.E.
PORT CHARLOTTE FL 33952

Mailing Address

317 ELMIRA BLVD. N.E.
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/05/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0339492	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	

2. Principal Place of Business	2a. Mailing Address
21 22107 Elmira Blvd.	26 22107 Elmira Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Port Charlotte, Fl	28 Port Charlotte, Fl.
Zip	Zip
24 33952	29 33952
Country	Country
25 Charlotte	30 Charlotte

9. Name and Address of Current Registered Agent

THOMAS, TRACY J
317 ELMIRA BLVD. N.E.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name Tracy J. Thomas
82 Street Address (P.O. Box Number is Not Acceptable)
83 22107 Elmira Boulevard
84 City Port Charlotte
85 Zip Code FL 33952

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 fee application

(Tracy J. Thomas, P.A.)

(NOTE: Registered Agent signature required when re-registering)

DATE

8/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	THOMAS, TRACY J	1.2 NAME	Tracy J. Thomas
STREET ADDRESS	317 ELMIRA BLVD. N.E.	1.3 STREET ADDRESS	22107 Elmira Boulevard
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	1.4 CITY - ST - ZIP	Port Charlotte, Florida 33952
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not an officer or director with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Tracy J. Thomas, P.A.)

8/3/95

(941) 627-2200