

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 10:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000002117 (8)

1. Corporation Name

THOMASON MARITIME, INC.

Principal Place of Business

**1323 SE 17TH ST
#337
FT LAUDERDALE FL 33316
US**

Mailing Address

**ACCOUNTING & BUSINESS CONSULTANTS, INC.
790 E BROWARD BLVD. SUITE 302
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0379417

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

21 209 DESOTO DR.

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23 MIAMI SPRINGS, FL

Zip

Country

24 33166

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THOMASON, THOMAS
1323 SE 17TH STREET 337
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

THOMASON THOMAS

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

209 DESOTO DR.

83

84

MIAMI SPRINGS FL

85

**Zip Code
33166**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME THOMASON, THOMAS H
STREET ADDRESS 1323 SE 17TH STREET 337
CITY - ST - ZIP FT LAUDERDALE FL 33316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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)(g), 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 affidavit with an address.

SIGNATURE:

THOMASON

Thomas H. Thomason

4.28.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Please)