2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P93000023581 1. Entity Name 05-17-2001 91323 048 ***150.00 THOMAS HOME CORPORATION Principal Place of Business Mailing Address 3050 HWY, 95A SOUTH 3050 HWY, 95A SOUTH onno (103 **CONTONMENT FL 32533 CANTONMENT FL 32533** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3174594 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 973 BROKEN ARROW LANE **CANTONMENT FL 32533** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITI F TITLE ☐ Delete HENRY, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 973 BROKEN ARROW LANE CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HENRY, SUSAN NAME STREET ADDRESS STREET ADDRESS 973 BROKEN ARROW LANE CITY-ST-ZIP CITY-ST-ZIP **CANTONMENT FL 32533** TITLE VP · ☐ Delete ☐ Change Addition NAME QUINA, JOHN NAME STREET ADDRESS STREET ADDRESS 2125 DAREFIELD DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32534 TITI F ☐ Delete TITLE Change Addition NAME GERDTS, CATHY NAME STREET ADDRESS STREET ADDRESS **4682 WINTERDALE** CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THUE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 850-479-932