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 # P93000036132

THOMS ENGINEERING AND ASSOC	IATES, INC.						
Principal Place of Business	Mailing Address				1111 00 111 00 111	JA 1141 K A 11 A1 11 89A 1	11(19 1191 1981
1536 COMMERCIAL PARK DR SUITE 9 LAKELAND FL 33801	8219 LA SERENA DR TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US				3. Date incorporated or Qualified 05/19/1993			
2. Principal Place of Business 21 1536 COMMERCIAL PARK DR	2a. Mailing Address			4. FEI Number 59-3180820		<u> </u>	plied For t Applicable
Suite, Apt. #, etc. 22 SUITE	Suite, Apt. #, etc.			.5 Certificate of Status Desired	- 0	\$8.75 A	
City & State 23 LALELAND, FL. 3	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	
Zip Country 24 3380 25 U.S.	Zip Country 30			This corporation owes the cur Personal Property Tax.		☐ Yes	□No
- 9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registere	d Agent	
THOMS, JAMES R 8219 LA SERENA DR. TAMPA FL 33614		82 83		fress (P.O. Box Number is Not Accept	able)		
		84	City	<u> </u>	F		
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the collections SIGNATURE	ons of Section 607 0505. Florid	iorized by a Statutes	tne corporat	poration submits this statement for the ion's board of directors. I hereby access proceed the proceed when reinstating)	the me abb	omandin aa reg	registered gistered
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS /	AND DIRECTO	
TITLE UD	☐ DELETE	1/1 TITLE	·	·		Change	Addition
NAME THOMS, JAMES R	THOMS, JAMES R						
STREET ADDRESS 8219 LA SERENA DR			TADDRESS				
CITY-ST-ZIP TAMPA FL 33614					 _		
TITLE D						☐ Change	Addition
NAME THOMS, CAROL H		2.2 NAME	TADDRESS	- •			
1				ه سبها که کارکانی در			يسه د بي
CITY-ST-ZIP TAMPA FL						Change	Addition
TITLE .	☐ DELETE	3.1 TITLE	-			☐ Ollaride	
I waster I		■ スクΝΔΜΈ	1				

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 without address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

4-28-99

May 03, 1999 8:00 am Secretary of State

Applied For Not Applicable

Change

Change

Addition

Addition

Addition

Addition

Addition

☐ Addition

05-03-1999 90026 044 ***150.00

CR2E034 (11/98)