FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047558 (0)

THOMLEY ENTERPRISES, INC.

Principal Place of Business Mailing Address										
4830 WEST JACKSON ST. PENSACOLA FL 32506		POST OFFICE BOX 36124 PENSACOLA FL 32518-6124								
						3. Date Incorporated or Qualified 06/29/1993	3a. Date 01/02/		ast Report	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number 62-1546376	62-1546376 Applied For Not Applied For				
Suite Apt	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			75 Additional se Required	
City & Sta	te	City & Stat	e			Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees	
Z(p 24]	Country 25	Zip 29	30	ntry	ı		Yes 🗀	No	der s. 199.032,	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	MLEY, CHARLES W SR.			81	Name					
4830 WEST JACKSON ST. PENSACOLA FL 32506			62	Street Addr	f Address (P.O. Box Number is Not Acceptable)					
	#*************************************			83						
				84	City		FL	85	Zıp Code	
11. Pursuani	to the provisions of Sections 607.	0502 and 607,1508, Fig	orida Statutes, the at	DOVE	-named corp	oration submits this statement for the p	urpose of cl	ang	ing its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation aboard of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND VIRECTORS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE THE THOMLEY, SR., CHARLES W NAME 1.2 NAME 4830 WEST JACKSON ST. 1.3 STREET ADDRESS PENSACOLA FL 32506 1.4 CITY-ST-ZIF CHIY-ST-ZIF Change Addition DELETE TATLE 2.1 TITLE THOMLEY, ANNETTE R 2 2 NAME 4830 WEST JACKSON ST. STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL 32506 2.4 CITY-ST-ZIP CITY-SI-ZF DELETE ☐ Change Addition Tille 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - 200 DELETE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filling 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 with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

appears in Block 12 or Block 13 ir changed, or on an attachment with an address.

STREET ADDRESS

Abons fres. April 29, 1997-904-457-4

FILED

May 09 1997 8:00am

Secretary of State