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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



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

## FILED May 11 1998 8:00am Secretary of State



| Frincipal Flace             | Of Dustiness   | Maning Marcas  |                           |                         | 1  |                |                                |                   |  |
|-----------------------------|--|--|---------------------------|-------------------------|--|----------------|--------------------------------|-------------------|--|
| 6510 WEST JA<br>PENSACOLA F |  | POST OFFICE BOX 36124<br>PENSACOLA FL 32516                  |                           |                         |  |                |                                |                   |  |
| _ · · •                     |  |  |                           |                         | DO NOT WRITE II  | N THIS SPA     | CE                             |                   |  |
|                             |  |  |                           |                         | <ol> <li>Date Incorporated or Qualified<br/>06/29/1993</li> </ol>      |                |                                |                   |  |
| 2. Principal Pla            | ace of Business  | 2s. Mailing Address  |                           |                         | 4. FEI Number  |                | TA                             | Applied For       |  |
| 14605 No. Palofoy St.       |  | 26 Pil. Boy 36124  |                           |                         | 00.4840000   |                |                                | lot Applicable    |  |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc.  |                           |                         | · · · · · · · · · · · · · · · · · · ·                                  |                | \$8.75 Additional              |                   |  |
| 22 Pensacela, Flo           |  | 27   |                           |                         |  | Fee F          | Required                       |                   |  |
| City & State                |  | 28 Persacola, Fl   |                           |                         | Election Campaign Financing     Trust Fund Contribution                |                | \$5.00 May Be<br>Added to Fees |                   |  |
| Zip<br>24                   | Country<br>25 Escombic   | 29 32516   | 1 Cou                     | ntry<br>Cambin          | This corporation owes or has paid     Personal Property Tax due June 3 |                |                                | ntangible<br>D No |  |
|                             | 9. Name and Address of Current   |  | 12212                     |                         | 10. Name and Address of New Regi                                       |                | ent                            |                   |  |
| THO                         | OMLEY, CHARLES W SR.   |  |                           | 81 Name                 |  |                |                                |                   |  |
| 495                         | 3 MARTHA AVE   |  |                           | 82 Street Add           | dress (P.O. Box Number is Not Acceptable                               | <del>)</del>   |                                |                   |  |
| PEN                         | ISÁCOLA FL 32516   |  | ł                         | 83                      | ,  |                |                                |                   |  |
|                             |  |  |                           | 84 City                 |  | FL             | 3 <b>5</b> Zip                 | Code              |  |
| 44 Distance to              | a the provinces of Sections 607.0505   | Lond 607 1509 Florido State                                  | ton the ol                | land semand see         | poration submits this statement for the pur                            |                |                                | ito registered    |  |
| office or re<br>agent. I an | ogistered agent, or both, in the State on tamiliar with, and accept the obligation | of Florida. Such change was<br>tions of, Section 607.0505, F | authorized<br>Iorida Stat | by the corpora<br>utes. | ation's board of directors. I hereby accept                            | the appoint    | ment as                        | s registered      |  |
| SIGNATURE                   |  |  | <del></del> -             | ·····                   |  |                |                                |                   |  |
|                             | Signature, typed or printed name of registered agen                                | · · · · · · · · · · · · · · · · · · ·                        |                           | I Agent signature requ  | ired when reinstating)   | DATE           | DEOTO                          | DO 151 40         |  |
| 12.                         | OFFICERS AND   | DELETE   | 13.<br>1.1 T/I            | <u></u>                 | ADDITIONS/CHANGES TO OFFICE  |                | Change                         |                   |  |
| TITLE                       | THOMLEY, SR., CHARLES W  | בַ וויננונ   | 4                         | , i                     |  |                | Grange                         | □ Audition        |  |
| NAME                        | 6510 WEST JACKSON ST.  |  | 1.2 NA                    |                         |  |                |                                |                   |  |
| STREET ADDRESS              | PENSACOLA FL 32516   | OLA EL 20540   |                           | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 | VD   | DELETE   |                           | IY-ST-ZIP               |  |                | Ohanaa                         | Ledition          |  |
| TITLE                       | THOMLEY, ANNETTE R   |  | 2.1 7(1                   | )                       |  | Ļ              | Change                         | Addition          |  |
| NAME                        |  |  | 2.2 NA                    |                         |  |                |                                |                   |  |
| STREET ADDRESS              | 6510 WEST JACKSON ST.  |  | 2.3 ST                    | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 | PENSACOLA FL 32516   | T profite  |                           | TY-ST-ZIP               |  |                |                                | <b>177</b> - 197  |  |
| TATLE                       |  | ☐ DELETE   | 3.1 10                    |                         |  | L              | Change                         | Addition          |  |
| NAME                        |  |  | 3.2 NA                    | ME                      |  |                |                                |                   |  |
| STREET ADDRESS              |  |  | 3.3 ST                    | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 |  |  |                           | TY-ST-ZIP               |  |                |                                |                   |  |
| TITLE                       |  | ☐ DETE1E   | 4.1 117                   | LE .                    |  |                | Change                         | Addition          |  |
| NAME                        |  |  | 4. 2 N                    | AME                     |  |                |                                |                   |  |
| STREET ADDRESS              |  |  | 4.3 \$1                   | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 |  |  |                           | ry-St-ZIP               |  |                |                                |                   |  |
| TITLE                       |  | DELETE   | 5.1 7()                   | LE                      |  |                | Change                         | Addition          |  |
| NAME                        |  |  | 5.2 NA                    | ME                      |  |                |                                |                   |  |
| STREET ADDRESS              |  |  | 5.3 ST                    | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 |  |  | 5.4 Cf                    | TY-ST-ZIP               |  |                |                                |                   |  |
| TITLE                       |  | ☐ DELETE   | 6.1 TiT                   | LE                      |  |                | Change                         | ☐ Addition        |  |
| NAME                        |  |  | 6.2 NA                    | ME (                    |  |                |                                |                   |  |
| STREET ADDRESS              |  |  | 6.3 ST                    | REET ADDRESS            |  |                |                                |                   |  |
| CITY-ST-ZIP                 |  | ė  |                           | IY-ST-ZIP               |  |                |                                |                   |  |
|                             | ertify that the information supplied wit   | h this filing does not qualify                               |                           |                         | Section 119.07(3)(i), Florida Statutes. I fu                           | irther certify | that th                        | e information     |  |

4. 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 with an address.

ONATURE Charles IN Thomas Low So Proch + Charles Hamber U-27-9