## 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 # **P93000047558**

Country

9. Name and Address of Current Registered Agent

29

1. Corporation Name

THOMLEY ENTERPRISES, INC.

Principal Place of Business Mailing Address					
4605 N. PALOFOX ST. PENSACOLA FL 32516 US	POST OFFICE BOX 36124 PENSACOLA FL 32516	DO NOT WRITE IN THIS SPACE			
		3. Date incorporated or Qualifed 06/29/1993			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 62-1546376	Applied For Not Applica		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		8.75 Additional Fee Required		
City & State	City & State	1 - 1 - 1	5.00 May Be Added to Fees		

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THOMLEY, CHARLES W SR. 4953 MARTHA AVE PENSACOLA FL 32516

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Country	8. This corporation owes the current year Intangible Personal Property Tax.	
$\neg \vdash$	10. Name and Address of New Registered Agent	
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City 85 Zip Code	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90076 003 \*\*\*150.00

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.

agent. i a	ili laililliai with, and accept the obligations o	i, Occion bur soud; i lond	a Otolatoo.				
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE		}
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	THOMLEY, SR., CHARLES W	1	1.2 NAME				[
STREET ADDRESS	6510 WEST JACKSON ST.	•	1.3 STREET ADDRESS				}
	PENSACOLA FL 32516		1.4 CiTY-ST-ZiP				)
CITY-ST-ZIP	VD	DELETE	2.1 TITLE			Change	Addition
TITLE	· · ·	G base	2.2 NAME			<del></del> -	
NAME	THOMLEY, ANNETTE R			· · · ·			. mar
STREET ADDRESS			2.3 STREET ADDRESS				Ì
CITY-ST-ZIP	PENSACOLA FL 32516		2.4 CITY-ST-ZIP			[ ] Change	Addition
TITLE		☐ DELETE	, 3.1 ππLE			Containing	
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREET ADDRESS				<u> </u>
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				,
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TTLE			Change	Addition
NAME			5.2 NAME				}
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		7		
TITLE		DELETE	6.1 TITLE	<del> </del>		☐ Change	Addition
			6.2 NAME				
NAME			6.3 STREET ADDRESS				Í
STREET ADDRESS	}		U.S. C. I. C. L. I PODITICOS				ļ

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For Not Applicable