

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000054333**

Corporation Name

**THOMAS GREG & SONS, INC.**

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90005 008 \*\*\*550.00



Principal Place of Business  
**10 NW 13TH AVE.**  
**MI FL 33169**

Mailing Address  
**16290 NW 13TH AVE.**  
**MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2040 NE 163rd St**  
Suite, Apt. #, etc.  
**304D**  
City & State  
**N. MIAMI BEACH**  
Zip  
**33162** Country  
**USA**

2a. Mailing Address  
**26 2040 NE 163rd St.**  
Suite, Apt. #, etc.  
**27 304D**  
City & State  
**28 N. MIAMI BEACH**  
Zip  
**29 33162** Country  
**30 USA**

3. Date Incorporated or Qualified

**07/26/1993**

4. FEI Number  
**65-0429337**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRICKELL REGISTERED AGENTS, INC.**  
**1395 BRICKELL AVE**  
**THIRD FLOOR**  
**MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ST ADDRESS	<b>D</b>	<input type="checkbox"/> DELETE
ST-ZIP	<b>DR. CHARLES GOODSON-WICKES MP</b>	
	<b>FLAT 23 37 ST. JAMES PLACE</b>	
	<b>LONDON SW1 1NS EN</b>	
ST ADDRESS	<b>DP</b>	<input type="checkbox"/> DELETE
ST-ZIP	<b>BAUTISTA, FELIPE</b>	
	<b>CARRERA SEXRA NO 3444</b>	
	<b>BOGOTA COLOMBIA</b>	
ST ADDRESS	<b>D</b>	<input type="checkbox"/> DELETE
ST-ZIP	<b>BRIAN SUMMERHAYES</b>	
	<b>AVENIDA DE LAS AMERICAS NO. 44-57</b>	
	<b>SANTAFE DE BOGOTA CO</b>	
ST ADDRESS	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
ST-ZIP	<b>SANCHEZ, OSCAR</b>	
	<b>16290 NW 13TH AVE</b>	
	<b>MIAMI FL 33169</b>	
ST ADDRESS	<b>VP</b>	<input type="checkbox"/> DELETE
ST-ZIP	<b>MCMANUS, JONATHAN</b>	
	<b>16290 NW 13TH AVE</b>	
	<b>MIAMI FL 33169</b>	
ST ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/99**  
Date

**305 945 8075**  
Daytime Phone #

CR2E034 (5/99)