2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-18-2003 90081 033 ***150.00
FILED - P93000065435
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 26 AM 8:00

958010 AV

DOCUMENT # P93000065435

1. Entity Name
PHILIP C. THOMAS, INC.

Principal Place of Business	Mailing Address
1201 N MISSOURI AVE	2365 FLINTLOCK DRIVE
LARGO FL 33770	CLEARWATER FL ~~34625~~ 33765
US	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES MRD

4. FEI Number 59-3201746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, PHILIP C 2365 FLINTLOCK DRIVE CLEARWATER FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PHILIP C 2365 FLINTLOCK DRIVE CLEARWATER FL ~~34625~~ 33765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JANICE L 2365 FLINTLOCK DRIVE CLEARWATER FL ~~34625~~ 33765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip C. Thomas 7/16/03 727-581-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)

MIDWAY TEXACO
REG. #MV-06042
(727) 581-4765
1201 N. MISSOURI AVENUE
LARGO, FLORIDA 33770

7/30/03

To: Florida Department of State
Annual Reports section.

I mailed my report in as soon as I received the 'Late' Report. I sent a letter with it stating that I never received the Original report Due in May. I have a Bill folder I keep all things in to be paid and never saw the report this year. I have filed this report many years and you can see I have never been late. I was told on the phone to re-send a letter with this report to this Po Box 6327.

Thank you for your consideration.

Phillip C. Thomas
President.

Mailed
7/30/03