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 # P93000078844 (6)

JOHN C. THOMAS REALTY, INC.

Principal Place of Business 3235 U S HWY 441-27

Mailing Address

P O BOX 699 FRUITLAND PARK FL 34731

FILED Jan 23 1998 8:00am Secretary of State



| FRUITLAND PARK FL 34731 US | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|---|---|----------------|---------------------|---------------|------------------|--|---|------------|-----------|-----------------|--|
| US | | | | | | | 3. Date Incorporated or Qualified 11/15/1993 | | | | |
| 2. Principal f | Place of Business | 2a. Mailing Ad | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For | |
| 21 | | 26 | 26 | | | | 59-3211128 | | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 7 | | 5 Additional | |
| 22 | | 27 | | | | | | | Fee | Required | |
| City & Stat | (e | — · | City & State | | | | 6. Election Campaign Financing | | | Ю Мау Ве | |
| Zip | Country | 28 Zip | | Cour | n bes s | | Tradit and Consideration | | | d to Fees | |
| 24 | 25 | 29 30 | | | щу | or this despondent excess of has paid the current year intarigione | | | | | |
| 24 | 9. Name and Address of Curre | | + | 1301 | | | Personal Property Tax due June 30 | | | L. No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMAS, JOHN C 81 Name | | | | | | | | | | | |
| 3235 U S HWY 441-27 | | | | | | | | | | | |
| | E B | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | UITLAND PARK FL 34731 | | | | | | | - | | - | |
| ••• | 0.1240 1744 12 04701 | | | | | | | | | | |
| | | | | [3 | 84 | City | | FL | 85 Zi | p Code | |
| 11. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | | | | | |
| Old Williams | Signature, typed or printed name of registered ag | | (NOT | E. Registered | Ager | nt signature required | d when reinstating) | DATE | | | |
| 12. | | ID DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICER | S AND D | PIRECTO | DRS IN 12 | |
| TITLE | PD TOURS | | DELETE | 1.1 TIT | LE | İ | | | Change | e 🔲 Additlon | |
| NAME | THOMAS, JOHN C | | | 1.2 NAM | ME | | | | | 1 | |
| STREET ADDRESS | 3235 U S HWY 441/27 | | | 1.3 STR | REET / | ADDRESS | | | | 1 | |
| CITY - ST - ZIP | FRUITLAND PARK FL | | | 1.4 CIT | Y-ST | í-ZIP | | | | | |
| TITLE | ~ | | DELETE | 2.1 TITE | LE | | | | _ Change | e 🔲 Addition | |
| NAME | | | | 2.2 NAM | ME | | | | | | |
| STREET ADDRESS | | | 2.3 ST | | 3 STREET AODRESS | | | • | | | |
| CITY - ST - ZIP | | | | 2. 4 CITY | | T-ZIP | | | | | |
| TITLE | | | DELETE | 3.1 TITL | LE | | | |] Change | e 🔲 Addition | |
| NAME | | | | 3.2 NAM | ME | Ì | | | | | |
| STREET ADDRESS | | | | 3.3 STR | EET A | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | | 3.4, CIT | Y-S1 | r-ziP | | | | | |
| TITLE | | | DELETE | 4,1 TITL | .E | | | | Change | Addition | |
| NAME | | | | 4. 2 NA | ME | į | | | | | |
| STREET ADDRESS | | | | 4,3 STR | EET A | ADDRESS | | | | į | |
| CITY-ST-ZIP | | | | 4.4 CITY | Y-ST | :-ZIP | | | | | |
| TITLE | *** | | DELETE | 5.1 TITE | Ę | | | | Change | Addition | |
| NAME | | | | 5.2 NAM | Æ | | | | | | |
| STREET ADDRESS | | | | 5.3 STR | EET A | ADORESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY | Y-ST | :- ZIP | | | | | |
| TITLE | | | DELETE | 6.1 TITL | | | AND | | Change | Addition | |
| NAME | | | | 6.2 NAM | Æ | | | | - | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | | | 6.4 CITY | | | | | | 1 | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the | | | | | | ion stated in Se | ection 119.07(3)(i), Florida Statutes. I furt | her certif | y that th | ne 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 | | | | | | | | | | | |