FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027145 (9)

1. Corporation Name

THOMAS E. MOHR, INC.

Principal Place of Business

3440 KILLDEER PLACE
PALM HARBOR FL 34685

Mailing Address

3440 KILLDEER PLACE
PALM HARBOR FL 34685

3. Date Incorporated or Qualified **04/07/1994**	3a. Date of Last Report **05/01/1995**	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3234183**	Applied For / Not Applicable
21 **1160 Court St.**	26 **1160 Court St.**		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 **Clearwater, FL**	City & State 28 **Clearwater, FL**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 **34616**	Country 25 **US**	Zip 29 **34616**	Country 30 **US**

8. This corporation has liability for intangible tax under s 199.032 Florida Statutes   ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOHR, THOMAS E
3440 KILLDEER PLACE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip 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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DPST** ☐ DELETE		1 1 TITLE	☐ Change ☐ Addition
NAME **MOHR, THOMAS E**		1 2 NAME	
STREET ADDRESS **3440 KILLDEER PLACE**		1 3 STREET ADDRESS	
CITY-ST-ZIP **PALM HARBOR FL 34685**		1 4 CITY-ST-ZIP	
TITLE ☐ DELETE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE ☐ DELETE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
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 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE ☐ DELETE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: X *Thomas W Mohr*   Thomas E. Mohr   1/22/96   813-442-4124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR