

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042741 (6)**

1. Corporation Name  
**THOMAS AGENCY, INC.**

Principal Office of Business  
**106 WAYLAND CIRCLE  
LONGWOOD FL 32779**

Mailing Address  
**106 WAYLAND CIRCLE  
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed  
**06/08/1994**

3a. Date of Last Report

2. Principal Office of Business

2a. Mailing Address

21

26

4. FET Number  
**59 - 32 48 006**

Applied For  
 Not Applicable

22

27

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

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

24

25

29

30

8. Does corporation have liability for intangible tax under Fla. Stat. § 620.02?  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

B1 Name

B2 Street Address, P.O. Box Number or Mail Acceptance

B3

B4 City

**FL**

B5

Zip Code

11. I, declare that the provisions of paragraphs (a) and (b) of Part Florida Statute, the above named corporation, submit this statement for the purpose of changing its registered office or principal office or both in the State of Florida. Such change was authorized by the corporation's board of directors, majority in control for appointment as registered agent. I am familiar with and accept the provisions of Sections 620.02 and 620.03, Florida Statutes.

SIGNATURE

12. NAME OF REGISTERED AGENT (SEE INSTRUCTIONS)

13. NAME OF NEW REGISTERED AGENT (SEE INSTRUCTIONS)

NAME	P THOMAS, MAXINE	13. NAME		Change <input type="checkbox"/>	Add <input type="checkbox"/>
Street Address	106 WAYLAND CIRCLE	13. STREET ADDRESS		Change <input type="checkbox"/>	Add <input type="checkbox"/>
City	LONGWOOD FL 32779	13. CITY		Change <input type="checkbox"/>	Add <input type="checkbox"/>
STATE		13. STATE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
ZIP CODE		13. ZIP CODE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
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STATE		13. STATE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
ZIP CODE		13. ZIP CODE		Change <input type="checkbox"/>	Add <input type="checkbox"/>

14. I, the declarant, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in Section 620.02 and (b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as my own. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as provided by Florida Statutes, and that my name appears on the Statement of Officers and Directors included in the report with an address.

**SIGNATURE:** *Maxine Thomas*  
MAXINE THOMAS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/95