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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000088481 (4)**

1. Corporation Name

THALAMUS CORP.

Principal Place of Business	Mailing Address
1650 JAN LAN BLVD. ST. CLOUD FL 34772	1650 JAN LAN BLVD. ST. CLOUD FL 34772

3. Date Incorporated or Qualified: 01/02/1995

3a. Date of Last Report:

4. FEI Number: 59-3287497 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 THALAMUS CORP	26 KNUCKLES
22 Suite, Apt. #, etc.: 1700 N. MAIN ST #D	27 Suite, Apt. #, etc.: 1700 N. MAIN ST #D
23 City & State: Kissimmee, FL	28 City & State: Kissimmee, FL
24 Zip: 34741 25 Country: OSCEOLA	29 Zip: 34741 30 Country: OSCEOLA

9. Name and Address of Current Registered Agent

CARRICK, EVE
1650 JAN LAN BLVD.
ST, CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name: EVE CARRICK
82 Street Address (P.O. Box Number is Not Acceptable): 1700 N. MAIN ST #D
83: Kissimmee, FL
84 City: FL 85 Zip Code: 34741

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 _____ DATE _____
Signature, typed or printed name of the registered agent and title, if applicable (NOTE: Registered Agent Signature Required When Filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President EVE CARRICK 4410 ALBRITTON RD St. Cloud, FL 34772	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. FREDRICK Robert CARRICK 4410 ALBRITTON RD St. Cloud, FL 34772	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JOHN DIMINTURE JR 1650 JAN LAN BLVD ST. Cloud, FL 34772	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(k), 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: Eve Carrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 JAN 96 (Date) 407-847-8500 (Daytime Phone #)

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