SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000094167 (1)**

1. Corporation Name

A. THOMAS & COMPANY INC.

Principal Place of Business	Mailing Address
911 BOLENDER DRIVE DELRAY BEACH FL 33483	911 BOLENDER DRIVE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 22820 WINDSOR WOOD CT
22 Suite, Apt. #, etc.:
23 City & State: BOCA RATON
24 Zip: 33433
25 County: PALM BEACH

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.: SAME
28 City & State: SAME
29 Zip: SAME
30 County:

4. FEI Number: **F.I.D. #65-0542722** ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MOOREHEAD, THOMAS A
911 BOLENDER DRIVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name:
82 Street Address: (P.O. Box Number is Not Acceptable) 22820 WINDSOR WOOD COURT
83:
84 City: BOCA RATON FL 85 Zip Code: 33433

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: [signature] 7/31/95
(If changing Registered Agent, Registered Agent's signature required where indicated) Date

12. OFFICERS AND DIRECTORS		13.		
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	THOMAS A MOOREHEAD	01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	THOMAS A MOOREHEAD 22820 WINDSOR WOOD CT BOCA RATON FL 33428	☒ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 1, or [illegible] on an attachment with an address.

SIGNATURE: [signature] 7/31/95 707-477-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000252 CP