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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000002355 (2)**

1. Corporation Name

J & C THOMAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3138 LAUREL GROVE SOUTH JACKSONVILLE FL 32223	3138 LAUREL GROVE SOUTH JACKSONVILLE FL 32223

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

3a. Date of Last Report:

2. Principal Place of Business
21: 4551 AUSTRIAN CT.
22: Suite, Apt. #, etc.:
23: City & State: ORANGE PARK, FL
24: Zip: 32073 25: Country: CLAY

2a. Mailing Address
26: 4551 AUSTRIAN CT.
27: Suite, Apt. #, etc.:
28: City & State: ORANGE PARK, FL
29: Zip: 32073 30: Country: CLAY

4. FEI Number: 59-3283163 ☐ 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

9. Name and Address of Current Registered Agent

THOMAS, JACK F
3138 LAUREL GROVE SOUTH
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: JACK THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 4551 AUSTRIAN CT.
83:
84 City: ORANGE PARK, FL 85 Zip Code: 32073

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: JACK THOMAS — Jack Thomas — 4-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when restating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JACK F. THOMAS 4551 AUSTRIAN CT. ORANGE PARK, FL. 32073	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JACK F. THOMAS 4551 AUSTRIAN CT. ORANGE PARK, FL. 32073	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JACK F. THOMAS 4551 AUSTRIAN CT. ORANGE PARK, FL. 32073	☐ 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: JACK THOMAS — Jack Thomas — 4-23-96 — 904 264-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)