FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011782 (6)

RICHARD THOMAS, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										## #1#16 (###)	ibila liet ibet
515 MELBA ST. Jacksonville FL 32205				515 MELBA ST. JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE				
								 Date Incorporated or Qualified 02/09/1995 			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For			`
21				26			59-3302226			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25			 	30			Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name					
	IITH, C. HO					81 Name					
one independent dr. Suite 3301						82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32202						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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										its registered is registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND								ADDITIONS/CHANGES TO OFF		DIRECTO	PRS IN 12
TITLE	D			DELETE	1.1 TIT	LE	T			Change	Addition
NAME	THOMA	S, RICHARD M			1.2 NA	ME					1
STREET ADDRESS	9213 CAMSHIRE DR.			1.3 S		1.3 STREET ADDRESS					
CITY+ST-ZIP	JACKSONVILLE FL 32244			1,4 CI			T-ZIP				
TITLE	D			☐ DELETE	2.1 TIT	LE				Change	Addition 1
NAME	THOMAS, GERALDINE L 9213 CAMSHIRE DR.					22 NAME					
STREET ADDRESS						REET	ADDRESS				ļ
CITY-ST-ZIP	JACKS	DNVILLE FL 3224	4		2.4 CI	TY-S	ST-ZIP	<u> </u>			
TITLE		•		☐ DELETÉ	3.1 TIT	LE				Change	Addition
NAME					3.2 NA	ME					
STREET ADDRESS	REET ADDRESS						ADDRESS				
CITY-ST-ZIP					3.4. CI	_	ST-ZIP				
TITLE				DELETE	; 4.1 TIT					☐ Change	Addition
NAME					4.2 N						
STREET ADDRESS							ADORESS				1
CITY-ST-ZIP				DELCTE.	4.4 CI		T- ZIP			Change	Addition
TITLE				DELETE	5.1 TIT					LI CHANGE	☐ YOURDIN
NAME					5.2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				DELETE	5.4 CI		T-ZIP			☐ Change	Addition
TITLE				☐ DELETE	6.1 TIT					onange	Addition
NAME					6.2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				66 - 1	6.4 Cf	Y - S		a Section 110 07/2\/i\ Elerida Statutos	I further as	artifu that th	n information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.