SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000013933 (3)**

1. Corporation Name
THOMASSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
975 PONDEROSA PINE COURT ORLANDO FL 32825	975 PONDEROSA PINE COURT ORLANDO FL 32825

3. Date Incorporated or Qualified: 02/16/1995
3a. Date of Last Report: Not Applicable

2. Principal Place of Business
21: 13719 Riverpath Grove
Suite, Apt. #, etc.: Drive
22:
City & State: 23: Orlando Florida
Zip: 24: 32826
Country: 25: U.S.A.

2a. Mailing Address
26: 13719 Riverpath Grove
Suite, Apt. #, etc.: Drive
27:
City & State: 28: Orlando, Florida
Zip: 29: 32826
Country: 30: U.S.A.

4. FEI Number: 59-3296072 ☐ 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

THOMASSON, MICHAEL B
975 PONDEROSA PINE COURT
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: Thomasson, Michael B.
82 Street Address (P.O. Box Number is Not Acceptable): 13719 Riverpath Grove Drive
83:
84 City: Orlando FL 85 Zip Code: 32826

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: Michael B. Thomasson DATE:
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ DELETE			☐ Change ☒ Addition
TITLE	~~President~~		11 TITLE	President	
NAME	~~Michael B. Thomasson~~		12 NAME	Michael B. Thomasson	
STREET ADDRESS	~~13719 Riverpath Grove Drive~~		13 STREET ADDRESS	13719 Riverpath Grove Drive	
CITY-ST-ZIP	~~Orlando, Fl. 32826~~		14 CITY-ST-ZIP	~~Orlando, Fl. 32826~~ Orlando, FL. 32826	
		☐ DELETE			☐ Change ☒ Addition
TITLE	~~Vice President~~		21 TITLE	Vice President	
NAME	~~Lisa C. Thomasson~~		22 NAME	Lisa C. Thomasson	
STREET ADDRESS	~~13719 Riverpath Grove Drive~~		23 STREET ADDRESS	13719 Riverpath Grove Drive	
CITY-ST-ZIP	~~Orlando, Fl. 32826~~		24 CITY-ST-ZIP	Orlando, FL. 32826	
		☐ DELETE			☐ Change ☐ Addition
TITLE			31 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			41 TITLE		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			61 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael B. Thomasson 7/19/96 (407) 823-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael B. Thomasson

0142448 FP