


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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000023869 (7)</b> 1. Corporation Name <b>THOMAS ENGINEERING, INC.</b>		



Principal Place of Business <b>7350 S. TAMiami TRAIL, BOX 152 SARASOTA FL 34231</b>	Mailing Address <b>7350 S. TAMiami TRAIL, BOX 152 SARASOTA FL 34231</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>600 Eagle Watch Lane</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7350 South Tamiami Trail</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/24/1995</b>	
22 City & State 23 <b>Osprey, FL</b>		27 # <b>219</b>		4. FEI Number <b>38-1854741</b>	
24 Zip <b>34229</b>		28 City & State <b>Sarasota, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>USA</b>		29 Zip <b>34231</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30 Country <b>USA</b>		31 Zip <b>34231</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEVIN, JEROME S ESQ. 1680 FRUITVILLE RD. #102 SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, THOMAS J</b>	1.2 NAME	
STREET ADDRESS	<b>1125 PEPPERTREE DR., #3A802</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, TERRANCE J</b>	2.2 NAME	
STREET ADDRESS	<b>9619 ROLLING GREEN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINCKNEY MI 48169</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Terrance J. Manning, V.P. 3/12/98 248362-2030

CR2E034 (10/97)