

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000050098 (9)**

1. Corporation Name

BETTE M. THOMAS, P.A.



Principal Place of Business

**703-5 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

Mailing Address

**703-5 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THOMAS, BETTE M
703-5 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

4. FEI Number

59-3327984

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1605, 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 of Registered Agent or the person authorized to file this report

Signature of New Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	D THOMAS, BETTE M	☐ DELETE
2. STREET ADDRESS	5762 RED CEDAR STREET	
3. CITY, ST, ZIP	PENSACOLA FL 32507	☐ DELETE
4. NAME		
5. STREET ADDRESS		
6. CITY, ST, ZIP		☐ DELETE
7. NAME		
8. STREET ADDRESS		
9. CITY, ST, ZIP		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	15 Palao Road	☒ Change ☐ Addition
2. STREET ADDRESS	Pensacola, Florida 32507	
3. CITY, ST, ZIP		☐ Change ☐ Addition
4. NAME		
5. STREET ADDRESS		
6. CITY, ST, ZIP		☐ Change ☐ Addition
7. NAME		
8. STREET ADDRESS		
9. CITY, ST, ZIP		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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. I am an officer or director of the corporation or the registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this change filing or on a filing with an address.

SIGNATURE:

Bette M. Thomas
BETTE M. THOMAS

01/18/96

(904) 432-7604

CR2E034 (12/95)