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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000053442 (6) DOCUMENT #

1. Corporation Name

THOMENOE CORP

Principa! Place		Mailing Address 147 SOUTH BARFIELI MARCO ISLAND FL 3			3. Date incorporated or Qualified. 130	Date of Last Report	
					3. Date incorporated or Qualified 3a. 07/06/1995	Date of Last neport	İ
2. Principa! Pl	lace of Business	2a. Maling Andress			4. FL Number	Applied For	
Suite, Apt	#, etc	Suite. Apt. #, etc.			65-059737		
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Z _I p	Country	28			Trust Fund Contribution	Added to Fees	
24	25	∠π 29	Gount 30	try	8. This corporation has liability for intangit Florida Statutes ☐ Yes ☐ N		
	9. Name and Address of Curi		190		10. Name and Address of New Registe		\dashv
			8	Name			
	S, DAVE C		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	NYON COURT ISLAND FL 33937						
muioo	10D/40 1 F 00901		8	33			
			8	4 City		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508 Florida Statu	tes, the above	l named com	Contract of hundred than obstance of for the	FL Changing its registered of	600
	red agent, or both, in the State of Fi th, and accept the obligations of, Se			rporation's bo	ciration soonties this statement for the purpose cleared of directors. Thereby accept the appointment	nt as registered agent. Fam	ice
CIONIATUOE			· .				ļ
	Signature, type 1 criprises, name of regide ed in	profession for talegal value (f4)		pot Sapatian respo	est whet recolating ()A		-
12.	T P OFFICERS A	ND D.RECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
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CHTY - ST - ZIP	MARCO ISLAND FL 33937						٤
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I do hereby certly that the information supplied with this filling 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 corporalization the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attributional with an abstract.

GNATURE:

WHO WE STATUTE STATUT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 642-6927