FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000059224

1. Corporation Name

THOUGHTS ALIVE, INC.

Principal Place of Business	Mailing Address
2044 ROGERO ROAD JACKSONVILLE FL 32277	2044 ROGERO ROAD JACKSONVILLE FL 32277

2. Principal Place of Business	2a. Mailing Address
21 2044 ROGERO ROAD	26 2044 ROGERO ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL	28 City & State: JACKSONVILLE FL
24 Zip: 32277 25 Country: DUVAL	29 Zip: 32277 30 Country: DUVAL

3. Date Incorporated or Qualified: 7-31-95

3a. Date of Last Report: N/A

4. FEI Number: 59-3328534 ☐ 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

GARY W MOYER
85 DEBARRY AV #3086
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: GARY W. MOYER
82 Street Address (P.O. Box Number is Not Acceptable): 85 DEBARRY APT 3086
83
84 City: ORANGE PARK FL 85 Zip Code: 32073

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.

X SIGNATURE: Gary W Moyer — DATE: 05-01-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARY W MOYER	1.2 NAME	
STREET ADDRESS	85 DEBARRY #3086	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIRDIE MOYER	2.2 NAME	
STREET ADDRESS	85 DEBARRY AV #3086	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTHA WILLOUGHBY	3.2 NAME	
STREET ADDRESS	9208 INVERRARY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001827594
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/20/96--01007--003
TITLE	☐ DELETE	5.1 TITLE	***225.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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

X **SIGNATURE:** Gary W Moyer — 05-01-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #