


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000059224 (2)**

1. Corporation Name
THOUGHTS ALIVE, INC.



Principal Place of Business

**2044 ROGERO ROAD
JACKSONVILLE FL 32277**

Mailing Address

**2044 ROGERO ROAD
JACKSONVILLE FL 32277**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report 05/01/1996
21	1115 SOUTH EDENWOOD AVENUE	26	1115 SOUTH EDENWOOD AVENUE	4. FEI Number 59-3328539	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc. APT 344	27	Suite, Apt. #, etc. APT 344	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State JACKSONVILLE, FL	28	City & State JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32205	25	Country	29	30
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**MOYER, GARY W
85 DEBARRY, APT 3086
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81	Name MOYER, GARY W.
82	Street Address (P.O. Box Number is Not Acceptable) 1115 SOUTH EDENWOOD AVENUE
83	APT 344
84	City JACKSONVILLE
85	FL
86	Zip Code 32205

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 *Gary W. Moyer* (NOTE: Registered Agent signature required when reinstating) DATE **8/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, GARY W	1.2 NAME	MOYER, GARY W.
STREET ADDRESS	85 DEBARRY #3086 - 1115 S EDENWOOD AVENUE	1.3 STREET ADDRESS	1115 S. EDENWOOD AVE, APT 344
CITY-ST-ZIP	ORANGE PARK FL 32073 APT 344 JACKSONVILLE, FL 32205	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, BIRDIE	2.2 NAME	
STREET ADDRESS	85 DEBARRY #3086	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOUGHBY, MARTHA	3.2 NAME	
STREET ADDRESS	9208 INVERRARY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700002260137
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/07/97--01003--007
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***550.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	cc 1/6
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002260137
STREET ADDRESS		6.3 STREET ADDRESS	-08/07/97--01003--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***8.75

14. I do 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 *Gary W. Moyer* DATE **8/4/97** **904/384-0007**

CR2E034 (4/97)