

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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90022 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032069

1. Corporation Name

J. Rochelle Thomas, Inc.

Principal Place of Business

Mailing Address

1907 North Congress Ave
West Palm Beach, FL 33401

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/12/98

4. FEI Number

650807246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

W. P. B. FL.

W. P. B. FL.

24. Zip 33401 25. Country USA

29. Zip 33401 30. Country USA

9. Name and Address of Current Registered Agent

Mr. Charles Edgar III
3300 P. H. A. Blvd. #500
Palm Beach Gardens FL.
33408

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Alfred W. Rochelle Thomas
STREET ADDRESS 1907 North Congress Ave
CITY-ST-ZIP West Palm Beach, FL 33401

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
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3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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7.1 TITLE
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7.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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8.1 TITLE
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☐ Change ☐ Addition

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9.1 TITLE
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☐ Change ☐ Addition

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10.1 TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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12.1 TITLE
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12.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred W. Rochelle Thomas

May 99

561 689 2318

CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 3, 1999

J. ROCHELLE-THOMAS, INC.
P.O. BOX 1181
PALM BEACH, FL 33480

SUBJECT: J. ROCHELLE-THOMAS, INC.
Ref. Number: P96000032069

↓ impt.

received
Aug. 29, 99
Damaged
mail

P96000032069
579783-90022-27

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

Due to the volume of mail received in this office **both the annual report and the filing fee must be received by our office together in order to be processed.**

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 899A00023724

