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FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000044368 (4)

1. Corporation Name:

THOMAS BROTHERS INC.



Principal Place of Business

15867 42ND STREET NORTH  
LOXAHATCHEE FL 3370

Mailing Address

15867 42ND STREET NORTH  
LOXAHATCHEE FL 33470-3853

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 1502-53<sup>rd</sup> STREET

Suite, Apt. #, etc.

22 Unit F

City & State

23 Mangonia Park, FL

Zip

24 33407

Country

25 USA

2a. Mailing Address

26 1502-53<sup>rd</sup> STREET

Suite, Apt. #, etc.

27 Unit F

City & State

28 Mangonia Park, FL

Zip

29 33407

Country

30 USA

4. FEI Number

65-0668932

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

THOMAS, CECIL D  
2219 BENNIE DRIVE  
WEST PALM BEACH FL 33415

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 *Cecil D. Thomas*  
Sign, print, type or printed name of registered agent and title if applicable

*Cecil D. Thomas Sec*  
(NOTE: Registered Agent Signature required when reinstalling)

4/23/97  
Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMAS, DUANE C  
STREET ADDRESS 15867 42ND STREET NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470  
☐ DELETE

TITLE SD  
NAME THOMAS, CECIL D  
STREET ADDRESS 2219 BENNIE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33415  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE SD  
2.2 NAME Thomas, Cecil D.  
2.3 STREET ADDRESS 2219 BONNIE DRIVE  
2.4 CITY-ST-ZIP WEST PALM BCH, FL 33415  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Duane C. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane C. Thomas Pres

4/23/97 (561) 848-2226

Date

Daytime Phone #

0332702

CR2E034 (9/96)