

~~FILE NOW: FILING FEE AFTER MAY 1 1997 \$550.00~~

Amended

FILED

Sep 11 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 #

P96000044368

1. Corporation Name

Thomas Brothers, Inc.

Principal Place of Business

Mailing Address

1502-53rd Street, Unit F
Mangonia Park, FL 33407

3. Date Incorporated or Qualified

3a. Date of Last Report

5-23-96

4-97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

Applied For

65-0668932

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

10. Name and Address of New Registered Agent

Lisa L. Mock
13887 Citrus Grove Blvd
West Palm Bch, FL 33412

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 of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Duane C. Thomas
STREET ADDRESS 15867-42nd St N.
CITY-ST-ZIP Lakahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE Vice President
2.2 NAME Cecil D. Thomas
2.3 STREET ADDRESS 2219 Bonnie Dr
2.4 CITY-ST-ZIP West Palm Bch, FL

3.1 TITLE Secretary
3.2 NAME Lisa L. Mock
3.3 STREET ADDRESS 13887 Citrus Grove Blvd
3.4 CITY-ST-ZIP West Palm Bch, FL 33412

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/97

(561) 848-2226

CR2E034 (9/96)