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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000060721

1. Corporation Name

LOUISE K. THOMAS, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90172 034 \*\*\*150.00



Principal Place	e of Business	Mailing Address			(1007) 10 10 10 10 10			
7812 72ND WA	Y N., NO. 218	7812 72ND WAY N. NO. 218				*		
PINELLAS PARI	K FL 33782	PINELLAS PARK FL 33782		DO N	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or 0			
					07/18/1996		*	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	pplied For
			rde Bhrol		9 59-3389292		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	5. Certificate of Status De	esired 🗀	\$8.75	Additional
22 Number 87 27 Number 87					5, Certificate of Status Di	5511-60	Fee Re	equired
City & Stat	City & State	& State			nancing	•	May Be	
	290 FL	28 LARGO FL	<u>, , , , , , , , , , , , , , , , , , , </u>		Trust Fund Contribution	n		to Fees
Zip	Country		ountry	SA	8. This corporation owes	-		52fs.
24 3377	8 25 USA	29 / 33778 30	u	<u>, 3 /7</u>	Personal Property Tax 10. Name and Address		Yes od Agent	No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of	new Register	eu Ayem	
THOMAS, LOUISE K				14anic			-	
7812 72ND WAY N., NO. 218			82	Street Ac	ddress (P.O. Box Number is No	Acceptable)		]
	LLAS PARK FL 33782		83	<del>                                     </del>				
			"	Ί				
			84	City			85 Zip	Code
44 Dussyant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes the	a abov	e-named co	progration submits this statemer	t for the purpose	of changing its	registered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligati	if Florida. Such change was author:	zed by	/ the corpora	ation's board of directors. I here	by accept the ap	pointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	ered Age	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		3.		ADDITIONS/CHANGES	TO OFFICERS		
TITLE	D	DELETE 1.	1 TITLE				☐ Change	☐ Addition
NAME	THOMAS, LOUISE K	1.	2 NAME					
STREET ADDRESS	7812 72ND WAY N., NO. 218	1.	3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	PINELLAS PARK FL 33782		4 CITY-S	ST-ZIP			- Chance	Addition
TITLE	ļ	_	1 TITLE	ļ	• •		Change	☐ Addiabit
NAME			2 NAME					1
STREET ADDRESS		•		T ADDRESS				
CITY-ST-ZIP			4 CITY-	ST-ZIP			Change	Addition
TITLE	-	<del>-</del>	1 TITLE	-	<del>-</del>	•	(_) Gilange	
NAME			2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4. CITY- 1 TITLE	\$1-ZIP			Change	Addition
TITLE		_	2 NAME			•		_
NAME STREET LDDDGGG				T ADDRESS				}
STREET ADDRESS				1			•	]
CITY-ST-ZIP TITLE			4 CITY-:	31-4IF	·		☐ Change	Addition
NAME			2 NAME			÷		
				1				
•		5.	3 STREE	T ADDRESS	•			
STREET ADDRESS			3 STREE 4 CITY-1		•			
STREET ADDRESS CITY-ST-ZIP		. 5.		ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4 CITY-	ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	end on the		4 CITY-: 1 TITLE 2 NAME	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 like empowered.