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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010796 (5)

M.E. THOMAS, INC.

## **FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailino Address 2788 SOUTH MILITARY TRAIL 2788 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415-9223 WEST PALM BEACH FL 33415-9223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0744382 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional M 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution l 23 28 Added to Fees Zip Country Ζφ Country 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAXMAN, JOHN T THE LAW OFFICES OF JOHN T. PAXMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH FL 33401 City 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 proted name of registered agent and title dispolicable (NOTE Registered Agent signature required wi hen reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE ☐ Change ☐ Addition THOMAS, MARILYN E NAME 1.2 NAME **CR2E034** 2788 SOUTH MILITARY TRAIL STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415-9223 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - St - 7(P DELETE Change TITLE 51 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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: Maulin E. thomas