

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

PROFIT CORPORATION ANNUAL REPORT 1999 **AMENDED**



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

DOCUMENT #

1. Corporation Name P97000043782

Thomas Construction Consultants & Services, Inc.
11099 Longshore Way West - Naples, Florida 34119

Principal Place of Business

Mailing Address

11099 Longshore Way W.
Naples, Fl. 34119

11099 Longshore Way W.
Naples, Fl. 34119

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

Anderson, Charles T.
11099 Longshore Way West
Naples, Florida 34119

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	PVTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PVTD	12 NAME	Anderson, Charles T.
STREET ADDRESS	Anderson, Charles T.	13 STREET ADDRESS	11099 Longshore Way W.-Naples, Fl. 34119
CITY-ST-ZIP	11099 Longshore Way W.-Naples Fl.	14 CITY-ST-ZIP	
TITLE		21 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Anderson, Joyce A.
STREET ADDRESS		23 STREET ADDRESS	11099 Longshore Way W.
CITY-ST-ZIP		24 CITY-ST-ZIP	Naples, Fl. 34119
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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

SIGNATURE: *Charles T. Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles T. Anderson 5/28/99 941-592-1604
Date Daytime Phone #

99 JUN -3 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/98)