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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000047428 (2)

1. Corporation Name

ROBERT THOMAS GALLERIES, INC.

Principal Place of Business

3487 BUFFAM PLACE
CASSELBERRY FL 32707

Mailing Address

3487 BUFFAM PLACE
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

59-3395270

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 108 S. PARK AVE

Suite, Apt. #, etc.

22

City & State

23 WINTER PARK FL

Zip 32789

Country ORANGE

2a. Mailing Address

26 PO BOX 952488

Suite, Apt. #, etc.

27

City & State

28 LAKE MARY FL

Zip 32746

Country SEMINOLE

9. Name and Address of Current Registered Agent

JACOBONI JOSEPH J
3487 BUFFAM PLACE
CASSELBERRY FL 32707

CORRECTED
SPELLING

10. Name and Address of New Registered Agent

81 Name JOSEPH J. JACOBONI

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PRES
NAME JACOBONI, JOSEPH J
STREET ADDRESS 2356 ALAQUA DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE Sec D.I.R.
NAME BARBARA Lombard
STREET ADDRESS 108 PARK AVE S
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME ROBERT Lombard VP D.I.R.
STREET ADDRESS 108 PARK AVE S
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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 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

1/8/98 402916400

CR2E034 (10/97)