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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 17 1998 8:00am

Secretary of State

4-13-98

1998

CITY ST-7IP

SIGNATURE

DOCUMENT #

P97000066678 (8)

THOMAS ENTERPRISES OF TAMPA BAY, INC.

Mailing Address Principal Place of Business 6340 103RD AVE N 6340 103RD AVE N PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/31/1997</u> Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-345 6841 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 7<sub>10</sub> Zip Country 8. This corporation owes or has paid the current year Intangible y⊠ Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THOMAS, RICHARD 6340 103RD AVE N Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33782 83 Zip Code City 85 11. Pursuant to the provisions of Sections 607.050? 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE TITLE 1.1 TITLE NAME THOMAS, RICHARD 1.2 NAME STREET ADDRESS 6340 103RD AVE N 1.3 STREET ADDRESS PINELLAS PARK FL 33782 CHY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TIT1 F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME 63 STREET ADDRESS 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 receipter or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an alteriment with an address.