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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000031983

1. Corporation Name

STREET ADDRESS

THOMAS BUSINESS SOLUTIONS, INC.

Principal Place	e of Business	M	failing Address				,			
7740 SOUTHSIDE BOULEVARD P.O. BOX 16952										
#1906 JACKSONVILLE FL 3 JACKSONVILLE FL 32256			icksonville fl 32245-695	245-6952			DO NOT WOITE IN THIS SPACE			
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qua 04/15/1998	ilitea		l
		-	44.9. 411							plied For
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-3504	11)	<u> </u>	plied For
21			26			59-3309	/ / /		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🔲	\$8.75 A	
22			27					· · · · · · · · · · · · · · · · · · ·		
City & State			City & State				6. Election Campaign Finan	cing 🗆	\$5.00	
23			28				Trust Fund Contribution		Added 1	io rees
Zip Country			Zip Country				8. This corporation owes the	current year In		
24	25	29	30	0			Personal Property Tax.	<u> </u>	Yes	□No
Name and Address of Current Registered Agent							10. Name and Address of N	lew Registered	Agent -	
THOMAS ELLID				8	1	Name				
THOMAS, F H JR						Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		
7740 SOUTHSIDE BOULEVARD							<u> </u>			
#1906				8	3					
JACKSONVILLE FL 32256						City.			85 Zip (Code
				l°	4	City	•	FL	_ 65 2.5	Code
11. Pursuant	to the provisions of Sections 607.050)2 and 6	607.1508, Florida Statutes,	, the abo	ve	-named corpo	pration submits this statement for	r the purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	ida. Such change was autt	iorizea c	νt	tne corporation	n's board of directors. I hereby	accept the appo	intment as re	gistered
SIGNATURE										
	Signature, typed or printed name of registered age			-	gent	t signature required		DATE	NO DIDECTO	DE IN 42
12.	OFFICERS A	ND DIRI		13.			ADDITIONS/CHANGES TO	O OFFICERS A	☐ Change	Addition
TITLE	D		☐ DELETE	1,1 TITLE	=				□ change	
NAME	THOMAS, F H (FRANK) JR			1.2 NAM	E					
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32256			1.4 CiTY	-ST	-ZIP	<u></u>			
TITLE	PVST		☐ DELETE	2.1 TITLE	Ξ				Change	☐ Addition
NAME	THOMAS, F H (FRANK) JR			2 2 NAM	E					,
STREET ADDRESS	7740 SOUTHSIDE BOULEVARI	D, #19	06	2.3 STRE	ET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256			2. 4 CITY	(-ST	T-ZIP				
TITLE			☐ DELETE	3.1 TITL	_	T-			Change	Addition
NAME				3.2 NAM	E					
STREET ADDRESS				1		ADDRESS				
				3.4 CITY		,				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITL					☐ Change	Addition
NAME				4. 2 NAM						
						ADDRESS				
STREET ADDRESS										}
CITY-ST-ZIP			☐ DELETE	4.4 CITY 5.1 TITU		-ZIP			[] Change	Addition
TITLE				5.1 HILL 5.2 NAM					٠٠٠٠٠٠ ســا	
NAME				1		ADORESS				ļ
STREET ADDRESS										
CITY-ST-ZIP			O per ere	5.4 CITY					Change	Addition
TITLE			☐ DELETÉ	6.1 TITL						
NAME				6.2 NAM	Ė					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90275 003 ***150.00