

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06638 (8)

1. Corporation Name
JOSEPH D. THOMAS ENTERPRISES, INC.

Principal Place of Business Mailing Address
**236 N BRIGHTON DR
PORT ORANGE FL 32117
US** **236 N BRIGHTON DR
PORT ORANGE FL 32127
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1990	3a. Date of Last Report 06/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-1270543	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRESSER, STEVEN 236 N. BRIGHTON DR PORT ORANGE FL 32127				81	Name		
				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 Steven Dresser STEVEN DRESSER DATE 4/24/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOSEPH D.	1.2 NAME	
STREET ADDRESS	304 MAYFIELD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TILTON IL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CATHERINE J.	2.2 NAME	
STREET ADDRESS	304 MAYFIELD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TILTON IL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSER, STEVEN G	3.2 NAME	
STREET ADDRESS	236 N BRIGHTON DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSER, TAMMY J.	4.2 NAME	
STREET ADDRESS	236 N. BRIGHTON DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Tammy Dresser TAMMY DRESSER DATE APR 24 95 904-761-1101
Signature typed or printed name of signing officer or director