SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S35705** **(0)**

1. Corporation Name
J. THOMAS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3611 WIMBLEDON DRIVE LAKE MARY FL 32746 US	3611 WIMBLEDON DRIVE LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1991
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21 196 WIMBLEDON CIR.
22 Suite, Apt. #, etc.
23 City & State: HEATHROW, FL.
24 Zip: 32746 25 Country: USA

2a. Mailing Address
26 196 WIMBLEDON CIR.
27 Suite, Apt. #, etc.
28 City & State: HEATHROW, FL.
29 Zip: 32746 30 Country: USA

4. FEI Number: 59-3065677 ☐ 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. *The corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COOLEY, R. EDWARD
1450 S.R. 434 W
SUITE 200
LONGWOOD FL 32746

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	☑ Change ☐ Addition	
NAME	HUMPHREY, JOHN T.	12 NAME		
STREET ADDRESS	3611 WIMBLEDON DRIVE	13 STREET ADDRESS	196 WIMBLEDON CIR.	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	HEATHROW, FL. 32746	
TITLE	D	21 TITLE	☑ Change ☐ Addition	
NAME	HUMPHREY, JOHN T.	22 NAME		
STREET ADDRESS	3611 WIMBLEDON DRIVE	23 STREET ADDRESS	196 WIMBLEDON CIR.	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	HEATHROW, FL. 32746	
TITLE	VD	31 TITLE	☐ Change ☐ Addition	
NAME	BETHUREM, G. THOMAS	32 NAME		
STREET ADDRESS	63 KOPPEN TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	CAIRNS, AUSTRALIA	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: John T. Humphrey - JOHN T. HUMPHREY 7/31/95 (407) 333-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0000944 CP