SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:44

DOCUMENT # **S46681** **(0)**

1. Corporation Name
THOMAS ENTERPRISES OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
111 U.S. 98, SOUTH LAKELAND FL 33801	111 U.S. 98, SOUTH LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1991	3a. Date of Last Report: 10/31/1994
4. FEI Number: 59-3069066	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No	

2. Principal Place of Business	2a. Mailing Address
21 1111 U.S. Highway 98, South	26 1111 U.S. Highway 98, South
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lakeland, Fla.	28 City & State: Lakeland, Fla.
24 Zip: 33801 25 Country: U.S.A.	29 Zip: 33801 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

THOMAS, DAVID K.
1029 HAMMOCK SHADE DRIVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: David K. Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 1626 Bowman's Trail
83
84 City: Lakeland FL 85 Zip Code: 33809

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: David K. Thomas, President — 6-9-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	THOMAS, DAVID K.	12 NAME	
STREET ADDRESS	1029 HAMMOCK SHADE DRIVE	13 STREET ADDRESS	1626 Bowman's Trail
CITY-ST-ZIP	LAKELAND FL 33809	14 CITY-ST-ZIP	Lakeland, Fla. 33809
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	THOMAS, ROBERTA ANN	22 NAME	
STREET ADDRESS	1029 HAMMOCK SHADE DRIVE	23 STREET ADDRESS	1626 Bowman's Trail
CITY-ST-ZIP	LAKELAND 33 33809	24 CITY-ST-ZIP	Lakeland, Fla. 33809
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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: David K. Thomas, President — 6-9-95 — (941) 683-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0156315 FP