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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

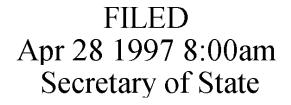
Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S46681

(0)

THOMAS ENTERPRISES OF POLK COUNTY, INC.

Principal Place of Business Mailing Address
1111 US HWY 98 S 1111 US HWY 98 S
LAKELAND FL 33801 LAKELAND FL 33801





LAKELAND FL 3	33801	LAKELAND FL 33801 US			
		•		3. Date Incorporated or Qualified 05/01/1991	3a. Date of Last Report 02/28/1996
2. Principal P	lace of Business	2a. Mailing Address		. 14. FEI Number	Applied For
21		26 1626 00	ownan's Tr	21 / 59-3069066	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State	1 -1-	6. Election Campaign Financing	\$5.00 May Be
23		28 Lakelan Zip 29 33809	a, Fla	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33809	Country	8. This corporation has liability for i	
24	25		30 7017		Yes 🛛 No
	9. Name and Address of Curren	t Hegistereo Agent	81 Name	10. Name and Address of New Re	gistered Agent
THOMAS, DAVID K			of Name		
	BOWMAN'S TRAIL		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)
LAKI	ELAND FL 33809		63		
			63		
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida Such change was a ations of Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable (NOT)	f : Rogistared Agent signature req	uired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 THLE		Change Addition
NAME	THOMAS, DAVID K.		1.2 NAME		
STREET ADDRESS	1626 BOWMAN'S TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	THOMAS, ROBERTA ANN		2.2 NAME		
STREET ADDRESS	1626 BOWMAN'S TRAIL		2 3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND 33		2 4 CHY-ST-ZIP		
TITLE		DELETE	3 1 TITLE	<b>+</b> <sub>2</sub> .	Change    Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T Britti	3.4 CITY-ST-ZIP		Change Address
TITLE		☐ DELETE	E 4.1 TITLE		☐ Change ☐ Addition
NAME PARCET LODDEGG			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELĒTE	4.4 CITY- S1- ZIP 5.1 TITLE		Change Addition
NAME .		Section	5.2 NAME		round La round
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		band ever a	6.2 NAME		
STREET ADDRESS			G.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		· ]
011,91,VL			0.4 5111-31-71		

4. I do 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.

SIGNATURE:

Dall Hall Harry

4-21-97

853-9357