


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90327 046 ***150.00

DOCUMENT # V09978

1. Entity Name
THOMAS CORPORATION OF TAMPA, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4613 Scott Road

Suite, Apt. #, etc.

3. Mailing Address
4613 Scott Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lutz, Florida 33558-4843

City & State
Lutz, Florida 33558-4843

Zip Country
33558-4843 Hillsborough

Zip Country
33558-4843 Hillsborough

4. FEI Number
59-3133080

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Thomas Evonosky

Street Address (P.O. Box Number is Not Acceptable)
4613 Scott Road

City
Lutz, FL Zip Code
33558-4843

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1. Fee is \$150.00
After May 1. Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evonosky, Thomas Evonosky, Thomas 4613 Scott Road Lutz, Florida 33558-4843	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T, S Evonosky, Diane 4613 Scott Road Lutz, Florida 33558-4843	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Evonosky **Secretary**
Diane Evonosky

04-20-2004 504 (813) 961-5049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #