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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90043 049 ***150.00

DOCUMENT # V53492 1. Corporation Name

THOMAZIN ENTERPRISES, INC.							4 18841 5111		icia (III) BEA(I A	1411 61811 6 1811 61	DI) 61611 681
Principal Place	e of Business	Ma	ailing Address						HID HOLD GION B		FIL BIBLE 1991
1401 FORREST CT 1401 FORREST CT											
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145								DO NOT WR	TE IN THIS	SPACE	
us us							3. Date Incorpor		12 110 11110		
							07/24/199				}
2. Principal Pl	ace of Business	2a.	Mailing Address		_	-	4. FEI Number			Apr	lied For
21							- 65-035346	2	<u> </u>		Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of	Status Desired		\$8.75 A	
22 27			Oliv & Overla								
			City & State			6. Election Cam Trust Fund C	-		\$5.00 i Added to	*	
28			Zin	Count	trv		8. This corporat		rent vear Int		71 000
24	25 29 30				•		Personal Pro				□No
24]	9. Name and Address of Current Registered Agent						10. Name and A	ddress of New	Registered	Agent	
WEBSTER, RONALD S.					31	Name					
					32	Street Addre	ss (P.O. Box Numb	er is Not Accept	able)	-	
- 985 N COLLIER BOULEVARD				Ĺ							
ROYAL PALM MALL			8	33							
MARCO ISLAND FL 33937				8	34	City	-			85 Zip C	ode
					_		21 41 22 41 22 A		FL	shanaina ita	ragiotorad
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											istered
agent. 1 a	m familiar with, and accept the obligation	tions of	, Section 607.0505, Florid	la Statut	es.						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title	f applicable. (NOTE: Re	egistered A	gent	t signature required	when reinstating)		DATE		 {
12.	OFFICERS AN			13.	_		ADDITIONS/C	HANGES TO OF	FICERS AN		
TITLE	P		☐ DELETE	1,1 TITL	E					☐ Change	☐ Addition
NAME	THOMAZIN, GEORGE			1.2 NAM	E						
STREET ADDRESS	1401 FORREST CT			1.3 STRI	EET	ADDRESS					
CITY-ST-ZIP_	MARCO ISLAND FL 34145			1.4 CITY		T-ZIP	- .				Addition
TITLE	VST									Change	Addition
NAME	Holm/Cit, Sobiii			2.2 NAM							1
STREET ADDRESS	1401 FORREST CT		·	8		ADDRESS		•			-
CITY-ST-ZIP				2. 4 CIT		T-ZIP				Change	Addition
TITLE NAME				3.2 NAM							
STREET ADDRESS					•	ADORESS					
CITY-ST-ZIP				3.4. CIT	Y-S1	T-ZIP					
TITLE			☐ DELETE	4.1 TITU						Change	☐ Addition
NAME				4. 2 NAM	ΜE						
STREET ADDRESS				4.3 STR	EET	ADDRESS					
CITY-ST-ZIP				4.4 CITY	/- ST	T-ZIP					
TITLE			☐ DELETE	5,1 TITL		ĺ				Change	☐ Addition
NAME				5.2 NAM							
STREET ADDRESS	THE PROPERTY OF A STATE					ADDRESS					
CITY-ST-ZIP	o to the second		□ DELETE	5.4 CITY 6.1 TITL		T-ZIP				Change	Addition
TITLE 73547	The terms of the t		☐ DELETE	6.2 NAV		1				□] ⇔iange	
NAME	(III) () () () () () () () () (T ADDRESS					
STREET ADORESS	1			0.3 3 IR		- ADDVESS					

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY+ST-ZIP