

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 556084

**Entity Name:** THOMAS AUTO MART INC.

**Current Principal Place of Business:**

13815 21ST STREET  
DADE CITY, FL 33525

**Current Mailing Address:**

13815 21ST STREET  
DADE CITY, FL 33525 US

**FEI Number:** 03-0567078

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, CLAUDE E  
36827 PALM STREET  
DADE CITY, FL 33525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name THOMAS, CLAUDE E  
Address 36827 PALM STREET  
City-State-Zip: DADE CITY FL 33525

Title DMVP  
Name BODI, SHANNON K  
Address 11109 FORT KING ROAD  
City-State-Zip: DADE CITY FL 33525

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON K BODI

DMVP

01/03/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date