

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006982

**Entity Name:** THOMAS FROST, P.A.

**Current Principal Place of Business:**

6600 FOURTH STREET NORTH  
SUITE 102  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

POST OFFICE BOX 55094  
ST. PETERSBURG, FL 33732 US

**FEI Number:** 46-0517376

**Certificate of Status Desired:** No

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

FROST, THOMAS  
6600 FOURTH STREET NORTH  
STE 102  
ST PETERSBURG, FL 33702 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 P  
Name FROST, THOMAS  
Address 6600 FOURTH STREET NORTH, STE  
102  
City-State-Zip: SAINT PETERSBURG FL 33702

*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:** THOMAS FROST

**PRESIDENT**

**02/01/2024**

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

\_\_\_\_\_  
Date