

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000018568

Entity Name: THOMAS FAMILY SWIM SCHOOL, INC.**Current Principal Place of Business:**5445 LAKE HOWELL ROAD
WINTER PARK, FL 32792**Current Mailing Address:**5445 LAKE HOWELL ROAD
WINTER PARK, FL 32792 US**FEI Number:** 47-5575301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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	THOMAS, JON E
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	JACOBS THOMAS, GINA M
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	T
Name	THOMAS, JON E
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	S
Name	JACOBS THOMAS, GINA M
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	THOMAS, JON E
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	JACOBS THOMAS, GINA M
Address	5445 LAKE HOWELL ROAD
City-State-Zip:	WINTER PARK FL 32792

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: GINA M JACOBS THOMAS

VICE PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date