

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **211466** (8)

1. Corporation Name
BILL THOMPSON ELECTRIC COMPANY



Principal Place of Business: **49 WEST 7TH ST ATLANTIC BEACH FL 32233 US**
Mailing Address: **PO BOX 330150 ATLANTIC BEACH FL 32233 US**

3. Date Incorporated or Qualified: **04/19/1958** 3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-0843886** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 _____ 2a. Mailing Address: 26 _____
22. State, Apt. #, etc.: _____ 27. State, Apt. #, etc.: _____
23. City & State: _____ 28. City & State: _____
24. Zip: _____ 25. Country: _____ 29. Zip: _____ 30. Country: _____

9. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM R., IV
190 CLUB DRIVE
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ 85. Zip Code: **FL**

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <input type="checkbox"/> DELETE	DV	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: THOMPSON, WM R, III		2. NAME:	
3. STREET ADDRESS: 41 6TH ST ATLANTIC FL		3. STREET ADDRESS:	
4. CITY, ST, ZIP: ST	<input type="checkbox"/> DELETE	4. CITY - ST - ZIP:	
5. TITLE:		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME: THOMPSON, LINDA G		6. NAME:	
7. STREET ADDRESS: 190 CLUB DRIVE ATLANTIC BEACH FL		7. STREET ADDRESS:	
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10. NAME: THOMPSON, WILLIAM R. IV		10. NAME:	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 25 if changed, or on an attachment with an address.

SIGNATURE: *Linda Thompson* Linda Thompson 1-18-96 904-249-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)