

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 # 266043 (9)

1. Corporation Name

BILL THOMPSON'S OFFICE EQUIPMENT COMPANY, INC.



Principal Place of Business

103 S. BAYLEN STREET
103 SOUTH BAYLEN STREET
PENSACOLA FL 32501
US

Mailing Address

P.O. BOX 12525
103 SOUTH BAYLEN STREET
PENSACOLA FL 32501-5809
US

3. Date Incorporated or Qualified
01/01/1963

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1038949

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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

THOMPSON, WILLIAM F., SR.
220 PINE TREE DRIVE
GULF BREEZE FL 32561

DECEASED

10. Name and Address of New Registered Agent

81 Name **Eloise W. Thompson**
82 Street Address (P.O. Box Number is Not Acceptable) **220 PINE TREE DRIVE**
83
84 City **GULF BREEZE** FL 85 Zip Code **32561**

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 **Eloise W. Thompson, V. Pres. Eloise W. Thompson** 4/1996

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	THOMPSON, ELOISE W	
STREET ADDRESS	220 PINE TREE DR	
CITY-ST-ZIP	GULF BREEZE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, WILLIAM F., SR	
STREET ADDRESS	220 PINE TREE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 00000	
TITLE	TOP	<input type="checkbox"/> DELETE
NAME	ENGLISH, JOHN P.	
STREET ADDRESS	3130 ORIOLE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***200.00

S. JR

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 informant 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 checked, or on an attachment with an address.

SIGNATURE: **John P. English, President**

4/1996 904-434-2365

CR2E034 (12/95)