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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 443110

1. Corporation Name
L.C. THOMPSON INC.

Principal Place of Business
**3216 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US**

Mailing Address
**3216 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1973

2. Principal Place of Business

21 ~~4743 U.S. 19~~

22 Suite, Apt. #, etc.

23 City & State
NEW PORT RICHEY, FL

24 Zip **FL 34652** 25 Country

2a. Mailing Address

26 ~~P.O. Box 677~~

27 Suite, Apt. #, etc.

28 City & State
ELFERS, FL

29 Zip **34680** 30 Country

4. FEI Number
59-1510444

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

~~THOMPSON, PEYTON D
 3216 FLORAMAR TERRACE
 NEW PORT RICHEY, FL
 34652~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
4743 U.S. 19
 83
 84 City **NEW PORT RICHEY FL** 85 Zip Code **34652**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, P DOUGLAS	1.2 NAME	
STREET ADDRESS	3216 FLORAMAR TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHRISTINE D	2.2 NAME	
STREET ADDRESS	4939 FLORAMAR UNIT 507	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JANICE E	3.2 NAME	
STREET ADDRESS	3216 FLORAMAR TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *✓ Peyton D. Thompson* / *✓ 4/12/99* / *✓ 727-7091*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)