

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 517888 (4)**

1. Corporation Name  
**SEARS - THOMPSON INVESTMENT GROUP, INC.**



Principal Place of Business <b>6620 SOUTHPOINT DR SO SUITE 600 JACKSONVILLE FL 32216</b>	Mailing Address <b>6620 SOUTHPOINT DR SO SUITE 600 JACKSONVILLE FL 32216-0658</b>
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3. Date Incorporated or Qualified <b>11/04/1976</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-1697579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SEARS, ANDY W.  
701 PONTE VEDRA BLVD  
PONTE VEDRA BCH. FL 32082**

10. Name and Address of New Registered Agent

81 Name  
**Charles Thompson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5041 Ortega Farms Boulevard**

83

84 City  
**Jacksonville**

85 Zip Code  
**FL 32210**

11. Pursuant to the provisions of Sections 607.07(2) 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 certain I will accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: *Charles Thompson* **Charles Thompson, President** DATE: **03/04/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEARS, ANDY W.</b>	
STREET ADDRESS	<b>701 PONTE VEDRA BLVD</b>	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, CHARLES</b>	
STREET ADDRESS	<b>5041 ORTEGA FARMS BLVD.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>	
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

1.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kathryn Sharpe</b>	
1.3 STREET ADDRESS	<b>12176 Fort Caroline Road</b>	
1.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32225</b>	
2.1 TITLE	<b>Chairman; President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Charles Thompson</b>	
2.3 STREET ADDRESS	<b>5041 Ortega Farms Blvd.</b>	
2.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32210</b>	
3.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sheila Collins</b>	
3.3 STREET ADDRESS	<b>9927 Heckscher Drive</b>	
3.4 CITY - ST - ZIP	<b>Jacksonville, Florida 32226</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *Charles Thompson* **Charles Thompson, President** DATE: **03/04/97** DAYTIME PHONE: **(904) 296-7272**

CR2E034 (9/96)