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Mar 01, 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
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DOCUMENT # 517888

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

Principal Place of Business 6620 SOUTHPOINT DR SO SUITE 600 JACKSONVILLE FL 32216	Mailing Address 6620 SOUTHPOINT DR SO SUITE 600 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1976
4. FEI Number 59-1697579
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 1301 RiverPlace Boulevard Suite, Apt. #, etc.	2a. Mailing Address 26 1301 Riverplace Boulevard Suite, Apt. #, etc.
22 Suite 2130 City & State	27 Suite 2130 City & State
23 Jacksonville, Fl. Zip Country	28 Jacksonville, Fl. Zip Country
24 32207 25	29 32207 30

9. Name and Address of Current Registered Agent

CHARLES THOMPSON
5041 ORTEGA FARMS BOULEVARD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
Charles M. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Boulevard

83 **Suite 2130**

84 City **Jacksonville** FL 85 Zip Code **32207**

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 *Charles M. Thompson* **Charles M. Thompson, C.E.O.** 01/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SHEILA COLLINS	
STREET ADDRESS	9927 HECKSCHER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHARLES	
STREET ADDRESS	5041 ORTEGA FARMS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KATHRYN SHARPE	
STREET ADDRESS	12176 FORT CAROLINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Janie Weaver	
3.3 STREET ADDRESS	11829 Pegasus Drive	
3.4 CITY-ST-ZIP	Jacksonville, Fl. 32223	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles M. Thompson, Jr.	
4.3 STREET ADDRESS	4455 Water Oak Lane	
4.4 CITY-ST-ZIP	Jacksonville, Fl. 32210	
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 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 *Charles M. Thompson* **Charles M. Thompson, C.E.O.** 01/31/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)