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Jan 21 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 571186

(6)

1. Corporation Name
W.D. THOMPSON, INC.

Principal Place of Business
1629 E. 9TH ST.
FORT LAUDERDALE FL 33316

Mailing Address
1629 E. 9TH ST.
FORT LAUDERDALE FL 33316-1413



3. Date Incorporated or Qualified 05/05/1978	3a. Date of Last Report 02/15/1996
4. FEI Number 59-1819074	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	

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

9. Name and Address of Current Registered Agent THOMPSON, WILLIAM D. 1629 SE 9TH ST. FORT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	THOMPSON, WILLIAM D	1.2 NAME	
STREET ADDRESS	1629 SE 9TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	THOMPSON, TERESSA	2.2 NAME	
STREET ADDRESS	1629 SE 9TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	VISCOMI, BETTY	3.2 NAME	
STREET ADDRESS	1700 SE 15TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *William D. Thompson Pres* WILLIAM D. THOMPSON 1-10-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone: #

CR2E034 (9/96)