

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F77423 (4)**

1. Corporation Name
THOMPSON-HILL AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
6601 LYONS ROAD SUITE G-3 COCONUT CREEK FL 33073 US

3. Date Incorporated or Qualified **04/16/1982** 3a. Date of Last Report **02/21/1995**
4. FEI Number **59-2189205** 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 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**THOMPSON, RICHARD
6601 LYONS ROAD
SUITE G-3
COCONUT CREEK FL 33073**

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

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 agent 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 _____ DATE _____

12. OFFICERS AND DIRECTORS
1. TITLE DELETE
NAME **DP THOMPSON, RICHARD**
STREET ADDRESS **10695 EUREKA ST**
CITY, ST, ZIP **BOCA RATON, FL 00000**
2. TITLE DELETE
NAME **HILL, J. CALVIN**
STREET ADDRESS **2100 RAVENWOOD CIRCLE**
CITY, ST, ZIP **MARIETTA GA**
3. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
2. 1. TITLE Change Addition
27. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
3. 1. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP
4. 1. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
5. 1. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP
6. 1. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

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 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: *Richard Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD THOMPSON

2-6-96 305-428-6776
Date Day in Florida

CR2E034 (12/95)