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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K35639

(9)

FILED
May 06 1997 8:00am
Secretary of State

| DAMRON-THOMPSON, INC. |  |
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|                       |  |

| CALLMAN FL 82011  S. Deta of Business   22. Minding Address   23. Data of Last Report   03/08/1988   03/08/1986   03/08/19  |   |  |   |  |  |                       |                                       |
|---|---|--|---|--|--|-----------------------|---------------------------------------|
| CALLMAN FL 82011 US  2. Principal Place of Business   2. Minking Address   2. Minking Address   3. Date incorporated of Guirfied   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1988   03/08/1986   03/08/1988   03/0  | Principal Place of Business Mailing Address |  |   |  | I JUBLIDIA OND THAT BILL BIAND ALAR IDJI DADA BIBIL DIDAL DIBLI DIDIL DIDIL ADDI |                       |                                       |
| CALLMAN FL 20014 CBS  2. Principal Place of Business   2. Mailing Address   3. Date incorporated or Qualified   03/08/1988  | RT 3 BOX 1740                               | ) <u> </u>   | RT. 3 BOX 1740                            | RT. 3 BOX 1740                         |  |                       |                                       |
| 2. Principal Place of Business ##\$57.63 South Analysis   2a. Miniting Address   257.63 South Analysis   257.63 South Analysis   2a. Miniting Address   2a. Minit | C CALLAHAN FL 82011<br>US                   |  | C<br>CALLAHAN FL 32011-9201               |  |  |                       |                                       |
| 2. Maling Address Suffs, April R, etc.  2. Suffs, April R, etc.  3. Suf  |   |  | US  | US                                     |  |                       | · · · · · · · · · · · · · · · · · · · |
| Solition Applies and Page 200   20   20   20   20   20   20   20  | 2. Principal P                              | lace of Business   | 2a, Mailing Address                       | W - Pa                                 | A EEL Number   |                       | Applied For                           |
| Second Companies   Second Comp    |   |  |   | XINGS NO                               | 59-2909685   |                       |                                       |
| Section   Sect    | 22  |  | 27  |  | 5. Certificate of Status Desired   |                       |                                       |
| Zip   County   Zip   County   Zip   County   B. This composation has lability for intengible tax under is 199.032   Pediatis Standarding   Yes   190.032   Pediatis Standarding   Yes       |   |  | — 1 <b>/ 1</b>                            | FC                                     | , ,  |                       |                                       |
| 25   29   26   10   10   10   10   10   10   10   1   | Zip   |  | ····                                      | Country                                | 8. This corporation has liability  | for intangible tax un | der s. 199.032                        |
| GASSMAN, ALAN S. 1212 COURT STREET SUITE B CLEARWATER FL 34616  83  11. Pursuant to the provisions of Socious 607 0502 and 607 1508, Florid Address, the change was authorized by the couperatorist barried director is hereby accept the obligatorist of Socious 607 0502 and 607 1508, Florid Address, the above neuronic corporations submits this statement for the purpose of changing its registered agent or registered agent or both, in the State of Harida Such change was authorized by the couperation's board of directors I hereby accept the appointment as registered agent term (arrived frame despised upon authorized by the couperation's board of directors I hereby accept the appointment as registered agent term (arrived frame despised upon authorized by the couperation's board of directors I hereby accept the appointment as registered agent term (arrived frame despised upon authorized by the couperation's board of directors I hereby accept the appointment as registered agent term (arrived frame despised upon authorized by the couperation's board of directors I hereby accept the appointment as registered agent term (arrived frame to provide frame as registered agent term (arrived frame to purpose of changing its registered agent term (arrived frame to purpose of change) as registered agent term (arrived frame to purpose of change as registered agent term (arrived frame to purpose of change and distort in the couperation of the provisions of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the couperation of the purpose of change and distort in the coupera  | 24 S2011                                    |  | 27  -  3                                  | Statutes   Yos   No                    |  |                       |                                       |
| 11. Pursuant to the provisions of Sections 607 0502 and 007 1508. Flexical Statutes. The above native of organization agent of tribit, in the State of Special Statutes. The above native of organization agent of tribit, in the State of Special Statutes. The above native of organization agent of tribit, in the State of Special Statutes. The above native of organization agent of tribit, in the State of Special Statutes. The above native of organization and accept the obligatory's of Section 607 0505, Florid Statutes.  11. Pursuant to the provisions of Sections 607 0505, Florid Statutes. The above native organization and accept the obligatory's of Section 607 0505, Florid Statutes.  12. OF I I ITER AND DIRR CHORS  SIGNATURE  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. THUE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. THUE  17. THUE  18.   |   |  | ent Registered Agent                      |  | 10. Name and Address of Nev  | / Registered Agent    |                                       |
| ### PACKET AND DIRECTORS IN 12  THOMPSON, BARNETT RT 3 BOX 1740  THUE  DB  CRASHAN FL  DB  DB  DB  DB  DB  DB  DB  DB  DB  D  |   |  |   | 81 Name                                | SORNETT THON   | REON                  |                                       |
| CLEARWATER FL 34616  84   |   |  |   | 82 Street Ad                           |  |                       | Po                                    |
| THE DP OLIFIES AND DIRECTORS NO 12 Addition State Addition DILETE 1.7 AMME STREET ADDRESS CITY-ST-ZP CRYSTAL RIVER FL DELETE DELETE 1.7 DELETE   |   |  |   | 57                                     | 03. DOUTH 7  | 1N65 F                |                                       |
| 11. Pursuent to the provisions of Sections 607 0507 and 607 1508, I londs Statutes, the above-neinced corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Elpinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent affecting the obligations of Section 607 0505, Florids Statutes.  SIGNATUR  Signature spine or providence desponse quiet grant as place of the obligation of Section 607 0505, Florids Statutes.  SIGNATUR  Signature spine or providence desponse quiet grant as place or providence desponse required with a section of the obligation of Section 607 0505, Florids Statutes.  SIGNATUR  Signature spine or providence desponse quiet grant as place or providence desponse or providence desponse or providence of the obligation of the obligati  | CLE/  | ARWATER FL 34616   |   | 83                                     |  |                       |                                       |
| office or registered agent, or both, in the State of Lyrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and the objugatory of Section 607 (505, Florida Statutes)  Signature  Signature  12. OF LICER AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE DP BELLE IN THE Change Addition  NAME  THOMPSON, BARNETT  THOMPSON, BARNETT  THOMPSON, BARNETT  THOMPSON, BARNETT  THE DS CALLAHAN FL  LICENTS-12/P  CALLAHAN FL  LICENTS-12/P  THE DS CALLAHAN FL  LICENTS-12/P  THE DS CALLAHAN FL  LICENTS-12/P  THE DAMPON, LEONARD A. III  22 NAME  23 SHREI ADDRESS  CITY-S1-2/P  THE DELETE 31 THE  Change Addition  Addition  Addition  THE DAMPON, LEONARD A. III  24 NAME  STREET ADDRESS  CITY-S1-2/P  THE DELETE 31 THE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AS CITY-S1-2/P  THE CHANGES  CITY-S1-2/P  THE DELETE 41 THE  Change Addition  Addition  AS CITY-S1-2/P  THE CHANGES  CH  |   |  |   | 84 8TYAC                               | LAHAN  | FL 85                 | Zie Sodo/                             |
| SIGNATURE Signator: Types or princed largests read largest and large and large and largest regarded and largest re  | 11. Pursuant                                | to the provisions of Sections 607 05   | 02 and 607 1508, Florida Statutes         | , the above-named co                   | orporation submits this statement for t  | he purpose of chang   | ing its registered                    |
| 13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | agent/18                                    | egistered agent, or both, in the Stat<br>m familiar with, and accept the obli  |   | thorized by the corpor<br>da Statutes. | ration's board of directors. I hereby a  | ccept the appointme   | nt as registered                      |
| TITLE   | SIGNATURE                                   | Signature, typed or printed name of registered a   |   | ODE N CONTROL Registere red            | SHO IK PSO V 9   | 28-9/<br>DATE         |                                       |
| NAME   THOMPSON, BARNETT   12 NAME   18 STREET ADDRESS   CITY-ST-ZIP   CALLAHAN FL   18 CITY-SI-ZIP   CALLAHAN FL   18 CITY-SI-ZIP   CALLAHAN FL   18 CITY-SI-ZIP   CALLAHAN FL   Change   Addition     | 12.   |  |   | 13.                                    | ADDITIONS/CHANGES TO O   | FFICERS AND DIRE      | CTORS IN 12                           |
| STREET ADDRESS   CALLAHAN FL  | TITLE                                       |  | DELETE                                    | 1.1 TITLE                              |  | □ Ch                  | ange 🔲 Addition                       |
| CITY-ST-ZIP   | NAME  |  |   | 1.2 NAME                               |  |                       |                                       |
| DS  | STREET ADDRESS                              |  |   | 1.8 STREET ADDRESS                     |  |                       |                                       |
| NAME   DAMRON, LEONARD A. III   4950 HWY 486 W   28 STREET ADDRESS   CHY-ST-ZIP   CRYSTAL RIVER FL   DELETE   31 TILE   Change   Addition   A    |   |  |   |  |  |                       |                                       |
| STREET ADDRESS   CRYSTAL RIVER FL   | ''  |  | L_J DELETE                                |  |  | [_] Ch                | ange 🔲 Addition                       |
| DITY-ST-7IP         CRYSTAL RIVER FL         2.4 CITY-S1-ZIP           TITLE         31 TILE         Change         Addition           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         CITY-S1-ZIP         Change         Addition           NAME         DELFTE         41 TILE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         CITY-S1-ZIP         CHANGE         Addition           NAME         4.6 CITY-S1-ZIP         CHANGE         Addition         Addition           NAME         DELFTE         51 TILE         Change         Addition           NAME         52 NAME         Change         Addition           STREET ADDRESS         STREET ADDRESS         CHANGE         Change         Addition           NAME         52 NAME         Change         Addition           STREET ADDRESS         CHANGE         STREET ADDRESS         CHANGE         Change         Addition           NAME         CHANGE         CHANGE         CHANGE         CHANGE         CHANGE         Addition  | 1   |  |   |  |  |                       |                                       |
| TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         32 NAME  |   |  |   |  |  |                       |                                       |
| NAME  | ·   | CHISTAL HIVER FL   | There                                     |  | · · · · · · · · · · · · · · · · · · ·  |                       | as Addition                           |
| STREET ADDRESS   3.8 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   4.1 TITLE   Change   Addition      |   |  | F" L DETELLE                              | i                                      |  | ப                     | ango L Addition                       |
| STREET ADDRESS   S   S   S   S   S   S   S   S   S  | i '''                                       |  | ,   |  |  |                       | i                                     |
| TITLE         DELFTE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELFTE         5.1 TITLE         Change         Addition           NAME         5.2 NAMI         5.2 NAMI         STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition  |   |  |   |  |  |                       |                                       |
| NAME  |   | CALLED TO BE ARREST OF THE STATE OF THE STAT | DELETE                                    |  |  | Ch                    | ange Addition                         |
| STREET ADDRESS  | <u> </u>                                    |  | _   |  |  |                       |                                       |
| CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         DEEFTE         51 TILE         Change Addition           NAME         52 NAM!         52 NAM!           STREET ADDRESS         53 STREET ADDRESS         54 CITY-ST-ZIP           TITLE         DELETE         61 TILE         Change Addition   |   |  |   |  |  |                       |                                       |
| TITLE         DEFFTE         51 TITLE         Change         Addition           NAME         52 NAM!         52 NAM!         CTY-ST-ZIP         53 STREET ADDRESS         CTY-ST-ZIP         54 City-S1-ZIP         CTHANGE         Change         Addition           TITLE         DELETE         61 HILE         Change         Addition  | 1 1   |  |   |  |  |                       |                                       |
| STREET ADDRESS  |   |  | DELFTE                                    |  |  | Ch                    | ange Addition                         |
| CITY-ST-ZIP         5.4 C/1Y-S1-ZIP           TITLE         DELETE         61 TITLE         Change Add:tion   | NAME  |  |   | 5.2 NAM!                               |  |                       |                                       |
| TITLE DELETE 61 TITLE Change Addition   | STREET ADDRESS                              |  |   | 5.3 STREET ADDRESS                     |  |                       |                                       |
|   | CITY-ST-ZIP                                 |  |   | 6.4 C/1Y - \$1 - 7IP                   |  |                       |                                       |
|   | TITLE                                       |  | ☐ DELETE                                  | 61 7171 F                              |  | ☐ Ch                  | ange Addition                         |
| NAME 62 NAME  | NAME  |  |   | 6.5 NAME                               |  |                       |                                       |
| STREET ADDRESS 63 STREET ADDRESS  | STREET ADDRESS                              |  |   | 63 STREET ADDRESS                      |  |                       |                                       |
| CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  10 bereity certify that the information sympled with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, Lity/Per certify that the   |   | and the state of the state of  | 2.0 (100 ACC) 200 (100 ACC) 100 (100 ACC) |  |  |                       |                                       |

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 eath; 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: Harrist Kompson

1-27-97 (904) 7495043