

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 266043

**Entity Name:** BILL THOMPSON'S OFFICE EQUIPMENT COMPANY, INC.

**FILED**  
**Sep 11, 2014**  
**Secretary of State**  
**CC8496329960**

**Current Principal Place of Business:**

100 S. BAYLEN STREET  
SUITE A  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 12525  
PENSACOLA, FL 32591 US

**FEI Number: 59-1038949**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ENGLISH, JOHN P  
3130 ORIOLE DRIVE  
GULF BREEZE, FL 32563 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name ENGLISH, JOHN P  
Address 3130 ORIOLE DRIVE  
City-State-Zip: GULF BREEZE, FL 32563

Title VPT  
Name ENGLISH, LISA M  
Address 3130 ORIOLE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title S  
Name ECKHOUSE, ELOISE T  
Address 100 S. BAYLEN STREET  
City-State-Zip: PENSACOLA FL 32502

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LISA ENGLISH**

**VICE PRESIDENT**

**09/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date