

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 189231

(4)

1. Corporation Name

WM. M. THOMSON INC.

Principal Place of Business

XXXXXX  
XXXXXX  
XXXXXX

Mailing Address

XXXXXX  
XXXXXX  
XXXXXX

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1955

4. FEI Number

59-0755176

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

21 4441 Stack Blvd

2a. Mailing Address

26 P.O. Box 2325

Suite, Apt. #, etc.

22 Apt. B-130

Suite, Apt. #, etc.

27 City & State  
28 Melbourne, FL 32902

City & State

23 Melbourne, FL 32902

Zip

24 32901

Country

25 Dade

Zip

29 32902

Country

30 Brevard

9. Name and Address of Current Registered Agent

THOMSON, WILLIAM M. XXXX  
618 NEXUS ST. XXXXXX  
NORTH MIAMI FL 33161 XXXXXX

10. Name and Address of New Registered Agent

81 Name HELEN M. THOMSON

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

APT B-130

83 4441 Stack Blvd.

84 City Melbourne, Florida

FL 85 Zip Code  
32901

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: Helen M. Thomson

HELEN M. THOMSON

9/2/98

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 PDS  
NAME THOMSON, WILLIAM M. XXXX  
STREET ADDRESS 200 ATLANTIC AVE  
CITY-ST-ZIP MELBOURNE BCH, FL 32901  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS  
1.2 NAME JANE E WELCH  
1.3 STREET ADDRESS 1149 Oakton Trail  
1.4 CITY-ST-ZIP EVANS, GEORGIA 30809  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

JANE E WELCH

8/28/98 106 860 1489

CR2E034 (5/98)