

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 197518

(4)

95 JUN 30 AM 9:48

1. Corporation Name

THOMPSON BROTHERS INC

Principal Place of Business

**511 NORTH 9TH AVE.
PENSACOLA FL 32501**

Mailing Address

**511 NORTH 9TH AVE.
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/10/1956

3a. Date of Last Report
05/01/1994

4. FEI Number
59-0817675

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 signed the integrated tax order (S-1143-000)
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

25. Locality

28. Zip

30. Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, ERIC
4225 ELLISON PLACE
PENSACOLA FL 32503**

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature must be printed and registered agent must sign after recording

Signature must be printed and registered agent must sign after recording

Signature

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	THOMPSON, ERIC
STREET ADDRESS	4225 ELLISON PLACE
CITY, ST, ZIP	PENSACOLA FL
TITLE	V
NAME	THOMPSON ED LEIGH
STREET ADDRESS	511 N. 9TH AVE.
CITY, ST, ZIP	PENSACOLA FL
TITLE	S
NAME	THOMPSON, ERIC
STREET ADDRESS	4225 ELLISON PLACE
CITY, ST, ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report, if 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 its predecessor or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Eric Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-95 904-438-5406