FILED

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PROFiT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 268106

1. Corporation Name

THOMPS	SON AND COMPANY OF TA	MPA INC					
Principal Place	of Rusiness	Mailing Address				INTERNATION OF THE STREET	
5401 HANGAR COURT PO BOX 30303 TAMPA FL 33634 US 5401 HANGAR COURT PO BOX 30303 TAMPA FL 33634 US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/20/1963		
2. Principal Place of Business 2a. Mailing Address 21 26					4. FEI Number 59-0999777	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Into	angible	
24	25 29 30		30		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				Name			
FRANZBLAU,R M 1102 CULBREATH ISLES DRIVE TAMPA FL 33609			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		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							
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	\$D _	☐ DELETE	1.1 TITLE	}		Change Addition	
NAME	FRANZBLAU, CARLO		12 NAME			j	
STREET ADDRESS	5401 HANGAR CT		1 3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-5	ST- ZIP	<u></u> -	☐ Change ☐ Addition	
TITLE	PD	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition {	
NAME	Franzblau, R M		2.2 NAME				
STREET ADDRESS	5401 HANGAR CT		2.3 STREE	T ADDRESS			
CiTY-ST-ZIP	TAMPA, FL 00000		2. 4 CITY-	ST-ZIP		□ Addition	
TITLE .	TD ,		3.1 TITLE			☐ Change ☐ Addition	
NAME .	DORR, ALIX		3.2 NAME				
STREET ADDRESS	5401 HANGAR CT			TADDRESS	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	443. 包括課題	
CITY-ST-ZIP	TAMPA, FL 00000		3.4. CITY-	ST-ZIP	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	☐ Change ☐ Addition	
TITLE	V AFFIRM OFFILM	☐ DELETE	4.1 TITLE			Change C Addition	
NAME	LEOPOLD, GERALD		4. 2 NAME				
STREET ADDRESS	5401 HANGAR CT		1	TADDRESS	•	_	
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELETE	4.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
TITLE	VD FDANZOLALL IO Z		5.1 TITLE 5.2 NAME			C cylinde C rannon	
NAME	FRANZBLAU, JO Z			T ADDRESS	• • •		
STREET ADDRESS	5401 HANGAR CT		5.4 CITY-S	(
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELETE	6.1 TITLE	11- AII		☐ Change ☐ Addition	
TITLE	V CDANK	LI DELLIE	6.2 NAME				
NAME	HILL, FRANK			T ADDRESS			
STREET ADDRESS	5401 HANGAR CT		U.J STREE	יסטיייים ויי			

TAMPA FL CITY-ST-ZIP 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 comporation or the receiver optrustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: