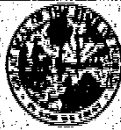


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 315503

(3)

1. Corporation Name

BRUCE THOMPSON & SONS, INC.

Principal Place of Business

3030 APOPKA BLVD
APOPKA FL 32703

Mailing Address

3030 APOPKA BLVD
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1987

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 4611 Plymouth-

2a. Mailing Address

25 4611 Plymouth-

4. FEI Number

59-1167881

Applied For

Not Applicable

Suite, Apt., etc.

22 Sorrento Road

Suite, Apt., etc.

27 Sorrento Road

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Apopka, Fl.

City & State

28 Apopka, Fl.

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 32712

Country

25 Orange

Zip

29 32712

Country

30 Orange

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMPSON, HOWARD
3030 APOPKA BLVD
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name Howard Thompson

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

4611 Plymouth-Sorrento Road

83

Apopka, Fl.

84 City

FL

85 Zip 32712

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, HOWARD
STREET ADDRESS 3030 APOPKA BLVD
CITY-ST-ZIP APOPKA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Thompson Howard
1.3 STREET ADDRESS 4611 Plymouth-Sorrento Rd.
1.4 CITY-ST-ZIP Apopka, Fl. 32712

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Howard Thompson Howard Thompson

Aug. 6, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

880-1066

CR2E034 (3/95)