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APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 356080 **(2)**

1. Corporation Name
HANK THOMPSON REALTY, INC.

Principal Place of Business
SUITE 309, 639 E. OCEAN AVENUE
POST OFFICE DRAWER Z
BOYNTON BEACH FL 33435

Mailing Address
SUITE 309, 639 E. OCEAN AVENUE
POST OFFICE DRAWER Z
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1277788 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 P.O. Drawer Z
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach, Fl
Zip
29 33435
Country
30 Palm Beach

9. Name and Address of Current Registered Agent

HENRY A. BEIDERBECKE
231 SOUTH FEDERAL HWY.
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
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 607.0502 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 AND DIRECTORS

TITLE	D
NAME	BEIDERBECKE, HA
STREET ADDRESS	231 SOUTH FEDERAL HWY.
CITY-ST-ZIP	LAKE WORTH, FL 00000 33460
TITLE	PTD
NAME	THOMPSON, HENRY E
STREET ADDRESS	639 E. OCEAN AVE., #309
CITY-ST-ZIP	BOYNTON BEACH, FL 00000
TITLE	D
NAME	THOMPSON, MARY K
STREET ADDRESS	639 E. OCEAN AVE., #309
CITY-ST-ZIP	BOYNTON BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(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: Henry E Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 95
Date

407-737-4900
Daytime Phone #