

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:39

DOCUMENT # 376349 (7)

1. Corporation Name

P & C THOMPSON BROS. CONST. CO.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
401 N CANAL STREET P.O. BOX 491336 LEESBURG FL 34749-1336 US		401 N CANAL STREET P.O. BOX 491336 LEESBURG FL 34749-1336 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/29/1971	01/24/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-1313257	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		☐	\$5.00 May Be Added to Fees
Zip		6. Election Campaign Financing Trust Fund Contribution	☐
24		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
Country			
25	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON, PERRY E 4430 LAKE ST LEESBURG FL 34748		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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, PERRY E	1.2 NAME	
STREET ADDRESS	401 NORTH CANAL STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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

Signature and typed or printed name of signing officer or director

PERRY E. THOMPSON

1-12-95 904-787-2922

Date

Telephone (Area) #