FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **408041** **(2)**

1. Corporation Name
THOMPSON INVESTMENT AND MANAGEMENT CORP.

Principal Place of Business
710 SIESTA DR.
SARASOTA FL 34242

Mailing Address
710 SIESTA DR.
SARASOTA FL 34242

3. Date Incorporated or Qualified: 09/05/1972
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business
21 3834 ALAMANDA DR
22 Suite, Apt. #, etc.
23 City & State: SARASOTA FL.
24 Zip: 34238
25 Country: USA

2a. Mailing Address
26 3834 ALAMANDA DR
27 Suite, Apt. #, etc.
28 City & State: SARASOTA FL.
29 Zip: 34238
30 Country: USA.

4. FEI Number: 59-1413061 — 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

9. **Name and Address of Current Registered Agent**
THOMPSON, SHELDON
710 SIESTA DRIVE
SARASOTA FL 33581

3834 ALAMANDA DR
SARASOTA FL 34238

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. [illegible] corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, S[illegible]

SIGNATURE: Sheldon Thompson
Signature, typed or printed name of registered agent — Signature required when reinstating — DATE

12. OFFICERS / ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT		☐ Change ☐ Addition
NAME	THOMPSON, SHELDON		
STREET ADDRESS	710 SIESTA DRIVE	Sheldon Thompson	
CITY-ST-ZIP	SARASOTA FL	3834 Alamanda. Dr. Sarasota, Fl 34238	
TITLE	DVS		☐ Change ☐ Addition
NAME	THOMPSON, LOUISE	2.2 NAME	
STREET ADDRESS	710 SIESTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	same - change of address 2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(k), 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: Sheldon Thompson SHELDON THOMPSON 941-923-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)