FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:50

DOCUMENT # 443110 (2)

1. Corporation Name
L.C. THOMPSON INC.

Principal Place of Business	Mailing Address
4939 FLORAMAR UNIT 507 NEW PORT RICHEY FL 34652	4939 FLORAMAR UNIT 507 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3216 Floramar Terrace
22: Suite, Apt. #, etc.
23: City & State: New Port Richey, FL
24: Zip: 34652
25: County: Pasco

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: 59-1510444 ☐ 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, LEROY G~~
~~4939 FLORAMAR UNIT 507~~
NEW PORT RICHEY, FL
34652

10. Name and Address of New Registered Agent

81 Name: Peyton D. Thompson, Trustee
82 Street Address (P.O. Box Number is Not Acceptable): 3216 FLORAMAR TERRACE
83:
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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: Peyton D. Thompson — PEYTON D. THOMPSON — MAY 12 '95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	~~P~~ VP PD THOMPSON, P DOUGLAS ~~5510 RIVER RD, SUITE 111~~ NEW PT RICHEY, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY · ST · ZIP	PD Thompson, Peyton D. 3216 Floramar Terrace New Port Richey, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	ST THOMPSON, CHRISTINE D 4939 FLORAMAR UNIT 507 NEW PT RICHEY, FL 00000	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY · ST · ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	~~PD~~ ~~THOMPSON, LEROY G~~ ~~4939 FLORAMAR UNIT 507~~ ~~NEW PT RICHEY, FL 00000~~ DECEASED	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY · ST · ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP	VPD Janice E. Thompson	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY · ST · ZIP	VPD Janice E. Thompson 3216 Floramar Terrace New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY · ST · ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY · ST · ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY · ST · ZIP		☐ Change ☐ Addition

SUBMITTED BY MAY 1

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: Peyton D. Thompson — Peyton D. Thompson — 4/23/95 — (813)841-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Phone #

0363781 CP