## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 443110

L.C. THOMPSON INC.

## **FILED** Feb 24 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address			* ****** ***** ***** ******************					
NEW PORT RICHEY FL 34652 N		3216 FLORMAR TERRACE NEW PORT RICHEY FL 34 US	NEW PORT RICHEY FL 34652-3009					
00		<b>V</b>			3. Date incorporated or Qualified 12/31/1973	3a. Date of 05/01/1		eport
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Ap	plied For
26				59-1510444		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<b>8.75</b> / Fee Re	Additional autred	
City & Stat	е	City & State			6. Election Campaign Financing			May Be
23		28		Trust Fund Contribution	Added to Fees			
Zıp	Country	Zip	Cou	intry	8. This corporation has liability for	ntangible tax ı	ınder s	199.032,
24	25	29	30		Florida Statutes	Yes 🔲 No	)	
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	pistered Agen	ıt	
THO	MPSON, PEYTON D			81 Name				
	B FLORAMAR TERRACE			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	····	<del></del>
	Y PORT RICHEY, FL			o. oct Mac	aroo (r.o. box rombor of rot roots)			
348				63				
				84 City		FL 85	Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-named cor	rporation submits this statement for the p	urpose of char	nging it	s registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505. Fl	authorize Iorida Stat	d by the corpora lutes.	ation's board of directors. I hereby accep	it the appointm	vent as	registered
SIGNATURE	Signature, typed - printed name of registered age	nt dire if applicable (NO	TE: Registere	d Agent signature requ	uirad when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 70	TLE			Change	Addition
NAME	THOMPSON, P DOUGLAS		1.2 N/	AME				
STREET ADDRESS	3216 FLORAMAR TERRACE		1.3 ST	TREET ADDRESS				
CITY - ST - ZIP	NEW PT RICHEY, FL 00000		1,4 Ci	TY-ST-ZIP				
TITLE	ST	<b>DELETE</b>	2.1 Tf	TLE			Change	Addition
NAME	THOMPSON, CHRISTINE D		2.2 N	AME				
STREET ADDRESS	4939 FLORAMAR UNIT 507		2.3 \$1	TREET ADDRESS	•	-		
CITY - ST - ZIP	NEW PT RICHEY, FL 00000		2.40	ITY-ST-ZIP				
TITLE	VPD	☐ DELETE	3.1 TI	TLE			Change	Addition
NAME	THOMPSON, JANICE E		32 N	AME				
STREET AODRESS	3216 FLORAMAR TERRACE		3 3 ST	TREET ADORESS				
CITY-ST-ZIP	NEW PT RICHEY, FL 00000		3.4, C	ITY-SY-ZIP				
TITLE		DELETE	4.1 TI				Change	Addition
NAME			4. 2 N	IAME ]				
STREET ADDRESS			4.3 \$1	TREET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	5.1 T(	······	······································		Change	Addition
NAME			5.2 N	i			•	
STREET ADDRESS			1	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
THLE		DELETE	5.4 U				Change	Addition
		#	6.2 N					
NAME								
STREET ADDRESS				TREET ADDRESS	•			

14. I do hereby certify that the information supplied with this filing 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.