

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90046 030 ***150.00

DOCUMENT # 443110

1. Corporation Name

L.C. THOMPSON INC.

Principal Place of Business

3216 FLORMAR TERRACE
NEW PORT RICHEY FL 34652
US

Mailing Address

3216 FLORMAR TERRACE
NEW PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1973

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4743 U.S. 19

2a. Mailing Address

26 P.O. Box 677

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey, FL

City & State

28 ELFERS, FL

Zip

24 FL 34652

Country

Zip

29 34680

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, PEYTON D
3216 FLORMAR TERRACE
NEW PORT RICHEY, FL
34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4743 U.S. 19

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

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 ☐ DELETE

NAME PD
STREET ADDRESS THOMPSON, P DOUGLAS
CITY-ST-ZIP 3216 FLORMAR TERRACE
NEW PT RICHEY, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ST
STREET ADDRESS THOMPSON, CHRISTINE D
CITY-ST-ZIP 4939 FLORMAR UNIT 507
NEW PT RICHEY, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS THOMPSON, JANICE E
CITY-ST-ZIP 3216 FLORMAR TERRACE
NEW PT RICHEY, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: ✓ Peyton D. Thompson ✓ 4/12/99 ✓ 727-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)