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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 474799

(4)

Mailing Address

B. R. THOMPSON CONSTRUCTION, INC.

FILED Mar 10 1997 8:00am Secretary of State

904 668-0714



RT 3 BOX 642 TALLAHASSEE FL 32308		RT 3 BOX 642 Tallahassee FL 32308-9712 US					
<u></u>					 Date Incorporated or Qualified 04/28/1975 	3a. Date of Last F 04/29/1996	•
2. Principal Piace of Business 1		2a. Mailing Address		4. FEI Number	Applied For		
Suite, Apt	# etc	26 Sula Apt # 619			59-1590678		ot Applicable
City & State		Su tc, Apt. #, etc.		······	Certificate of Status Desired	Fee R	Additional equired
]		City & State			Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zφ]	Country 25		Counti	'y 		Yes No	3. 199.032,
	9. Name and Address of Currer	I Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	MPSON, B. R.		•	Name			
	JTE 3, BOX 642		8:	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	***************************************
IAL	LAHASSEE FL 32308		8:	<u> </u>			
			0.	1			
			84	City	***************************************	FL 85 Zip	Code
1. Pursuant I	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the above	ve-named com	poration submits this statement for the p		ite registere
office or n agent. Lar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida Such change was a ations of Section 607.0505. Flo	uthorized k rida Statute	y the corpora	tion's board of directors. I hereby accep	of the appointment as	registered
GNATURE	Prysiatoo i typed capa to a care e of my stered age	of and bus Considerable (NOTE	- Qualitared A	and pionel iro est i	ired when reinstating)	DATE	
	OFFICERS AN		13.	Jeni signature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12
ı F	P	DELETE	1.1 TITLE			☐ Change	Addition
ME	THOMPSON, B R		1.2 NAME				_
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Y \$1-74P	TALLAHASSEE, FL 00000		1.4 CITY -				
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M!	THOMPSON, TERRY G		2.2 NAME	İ	•		
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Y - ST - Z0	TALLAHASSEE, FL 00000		2 4 CITY	-ST-ZIP			
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ME	THOMPSON, DAVID R		3.2 NAME				
SEET ADDINESS	RT 3 BOX 641		3.3 STREE	T ADDRESS			
r ST ZIP	TALLAHASSEE, FL 00000		3.4. CITY	-ST-ZIP			
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Mi	THOMPSON, BERTHA G		4. 2 NAM				
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ME			5.2 NAME				
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t [:]		☐ DELETE	6.1 TITLE			Change	Additio
V:			6.2 NAME				
RELIADORESS			63 STREE	T ADDRESS			
1y - \$1 - 7IP			64 CITY-				
Information Lam an of	i indicated on this annual report or s	upplemental annual report is tru the receiver or trustee empowe	ue and acc pred to exe	urate and that	d in Section 119.07(3)(i), Florida Statuter t my signature shall have the same lega n as required by Chapter 607, Florida S	l affact as if mada un	ndaz nath : th