

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 474799 (4)

1. Corporation Name
B. R. THOMPSON CONSTRUCTION, INC.



Principal Place of Business
~~RT-3 BOX 642~~ 7589 Proctor Road
TALLAHASSEE FL 32308

Mailing Address
~~RT-3 BOX 642~~ 7589 Proctor Road
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	7589 Proctor Road	26	7589 Proctor Road
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Tallahassee FL	28	Tallahassee FL
Zip	Country	Zip	Country
24	32308	25	US
29	32308	30	US

3. Date Incorporated or Qualified	
04/28/1975	
4. FEI Number	Applied For
59-1590678	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 or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON, B. R. ROUTE 3 BOX 642 7589 Proctor Road TALLAHASSEE FL 32308		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. 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	P THOMPSON, B R <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, B R	1.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 642 7589 Proctor Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V THOMPSON, TERRY G <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, TERRY G	2.2 NAME	
STREET ADDRESS	799 VIOLET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V THOMPSON, DAVID R <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAVID R	3.2 NAME	
STREET ADDRESS	RT-3 BOX 641 7597 Proctor Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V THOMPSON, BERTHA G <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BERTHA G	4.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 642 7589 Proctor Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)