

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998. AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN -8 AM 10: 25

**DOCUMENT # 483072 (5)**

1. Corporation Name  
**THOMPSON REALTY SERVICES, INC.**

Principal Place of Business <b>2525 - 9TH STREET NORTH ST. PETERSBURG FL 33704-2717 US</b>	Mailing Address <b>2525 - 9TH STREET NORTH ST. PETERSBURG FL 33704-2717 US</b>
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/19/1975</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-1616981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**THOMPSON, DENNIS L.  
8101 RIVERSIDE DR., N.E.  
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	NAME <b>THOMPSON, WINONA</b>
STREET ADDRESS <b>0600 KENT DRIVE NORTH</b>	CITY - ST - ZIP <b>ST. PETERSBURG FL</b>
TITLE <b>S</b>	NAME <b>THOMPSON, JANE S.</b>
STREET ADDRESS <b>8101 RIVERSIDE DR NE</b>	CITY - ST - ZIP <b>ST. PETERSBURG FL</b>
TITLE <b>P</b>	NAME <b>THOMPSON, DENNIS L.</b>
STREET ADDRESS <b>8101 RIVERSIDE DR. N.E.</b>	CITY - ST - ZIP <b>ST PETERSBURG FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P, VP, S.</b>
3.3 STREET ADDRESS	<b>Thompson, Dennis L.</b>
3.4 CITY - ST - ZIP	<b>8101 Riverside Dr. N.E. St. Petersburg, FL 33702</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis L. Thompson* DATE: 6/15/95 894-0303  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Type in 11-2-9)

CR2E034 (3/95)