FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **583006** **(2)**

1. Corporate Name

THOMPSON CAR RENTALS, INC.

Principal Place of Business: 2908 EAST SUNRISE BLVD, FT. LAUDERDALE FL 33304

Mailing Address: 2908 EAST SUNRISE BLVD, FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1978**

3a. Date of Last Report: **04/19/1994**

4. FEI Number: **59-1843295** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDA SIMPSON
711 INTRACOASTAL DRIVE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMPSON, LINDA
STREET ADDRESS	711 INTRACOASTAL DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	SIMPSON, LINDA
STREET ADDRESS	711 INTRACOASTAL DR.
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(☐ Change ☐ Addition — all blank)

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)(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.

SIGNATURE: Linda Simpson Linda Simpson 5-2-95 305-566-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0210994 CP