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PROFIT CORPORATION ANNUAL REPORT



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

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THOMPSON	PROPERTIES.	INC.	OF FI	ORIDA
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Principal Place of Business Mailing Address 1896 SPRUCE CREEK BLVD. 1896 SPRUCE CREEK BLVD. DAYTONA BEACH FL 32124-6892 DAYTONA BEACH FL 32124-6892 3a. Date of Last Report 3. Date Incorporated or Qualified 10/06/1978 02/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1852028 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Oity & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, JAY C. 82 Street Address (P.O. Box Number is Not Acceptable) 1896 SPRUCE CREEK BLVD. EAST **DAYTONA BEACH FL 32124** 83 R4 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or prioritia manies of respectence agreed as a tribilit applicable. gistered Agent signature required when reinstatings 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. POS DELFTE THUE Addition Change 1.11008 THOMPSON, JAY C. NAME 1.2 NAME 1896 SPRUCE CREEK BLVD. STREET ADDRESS 1.3 STEEL LADDRESS DAYTONA BEACH FL CH1Y-S1-2IP 1.4 CHY - ST- ZIP ☐ DELETE TITLE 2.1 HILE Change ____ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - 7IP C(TY - ST - Z)P TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 Off Y - Si - ZiP TITLE DELETE 4 1 TO F Change ☐ Addition NAME 4.2 DAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 GiTY - ST - 7 P CITY-ST-7IP DELFTE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-57-719 54 CHY SEZP TITLE [] DELETE 6 1 Tiile ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZiP 64 CHY ST ZP 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Book 12 or Block 13 if granged, or the supplement with an address.

SIGNATURE:

SIGNATURE AND THEE DR PRINTED NAME OF SIGNING A FICER OR DIRECTOR

3/1/96 . 704 756-610/

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