

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 636032

(5)

1. Name of the Firm

M. LEE THOMPSON, P.A.



2. Principal Office

2628 FOREST HILL BLVD
W PALM BCH FL 33406

3. Mailing Address

2628 FOREST HILL BLVD
W PALM BCH FL 33406

2. Name of the Firm

2a. Mailing Address

21. City, State, and Zip

26. City, State, and Zip

22. City, State, and Zip

27. City, State, and Zip

23. City, State, and Zip

28. City, State, and Zip

24. City, State, and Zip

29. City, State, and Zip

9. Name and Address of Current Registered Agent

THOMPSON, M LEE
2628 FOREST HILL BLVD
W PALM BCH FL 33406

3. Date Incorporated or Qualified

09/13/1979

3a. Date of Last Report

01/24/1995

4. FET Number

59-1934362

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032
Florida Statutes. ☐ Yes ☐ No

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. I, the undersigned, a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida. I hereby accept the appointment as registered agent of the corporation.

12. ADDITIONAL

12.

OFFICERS AND DIRECTORS

PVD
THOMPSON, M LEE
400 CYPRESS LANE
PALM SPRINGS, FL 00000
ST
THOMPSON, M LEE
400 CYPRESS LANE
PALM SPRINGS, FL 00000
ST
THOMPSON, M LEE
400 CYPRESS LANE
PALM SPRINGS FL

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME
2. ADDRESS
3. CITY, STATE, AND ZIP
4. NAME
5. ADDRESS
6. CITY, STATE, AND ZIP
7. NAME
8. ADDRESS
9. CITY, STATE, AND ZIP
10. NAME
11. ADDRESS
12. CITY, STATE, AND ZIP
13. NAME
14. ADDRESS
15. CITY, STATE, AND ZIP
16. NAME
17. ADDRESS
18. CITY, STATE, AND ZIP
19. NAME
20. ADDRESS
21. CITY, STATE, AND ZIP
22. NAME
23. ADDRESS
24. CITY, STATE, AND ZIP
25. NAME
26. ADDRESS
27. CITY, STATE, AND ZIP
28. NAME
29. ADDRESS
30. CITY, STATE, AND ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied on this filing is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information supplied on this filing is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information supplied on this filing is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes.

SIGNATURE:

M. Lee Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

1/23/96 (107) 964-6000

CR2E034 (12/95)