

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 642287 (7)  
1. Corporation Name  
**J.H. THOMPSON PROPERTIES, INC.**

Principal Place of Business Mailing Address  
712 N. INDIANA AVE. 712 N. INDIANA AVE.  
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/19/1979 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1978473 Applied For 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 720 N INDIANA AVE. 26 720 N INDIANA AVE.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 ENGLEWOOD, FL. 28 ENGLEWOOD FL.  
City & State City & State  
24 34223 25 SARASOTA 29 34223 30 SARASOTA  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
THOMPSON, JAMES H.  
712 N. INDIANA AVENUE  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent  
81 Name JAMES H THOMPSON  
82 Street Address (P.O. Box Number is Not Acceptable) 720 N INDIANA AVE  
83  
84 City ENGLEWOOD FL 85 Zip Code 34223

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	P. VP 57 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES H	12 NAME	GLEN C BREWER P.A.
STREET ADDRESS	712 N. INDIANA AVE.	13 STREET ADDRESS	13514 BENNETT DR.
CITY - ST - ZIP	ENGLEWOOD, FL 33533	14 CITY - ST - ZIP	PORT CHARLOTTE, FL. 33981
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (Change or Addition) on an attachment with an address.

SIGNATURE Glen C. Brewer P.A. DATE 4-18-95 TELEPHONE # 813-424-7447