

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F63418** (0)

95 JAN 13 AM 10:04

1. Corporation Name
THOMPSON & ETHERINGTON, P.A.

Principal Place of Business
**2727 NW 43RD ST., STE 1
PO BOX 7237
GAINESVILLE FL 32606-6632**

Mailing Address
**2727 NW 43RD ST., STE 1
PO BOX 7237
GAINESVILLE FL 32606-6632**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1982** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2307294** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 City & State

22 City & State 27 Zip

23 Country 28 Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ETHERINGTON, DAVID B
2727 NW 43 ST, SUITE 1
GAINESVILLE FL 32606**

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

Signature types or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERINGTON, DAVID B	12 NAME	
STREET ADDRESS	2727 NW 43 ST, #1	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERINGTON, DAVID B	22 NAME	
STREET ADDRESS	2727 NW 43 ST, #1	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	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 119.07(2)(b), Florida Statutes. I further certify that the information contained on this annual report or semi-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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/10/95

904-377-1302

Telephone Number