

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F84071 (2)

1. Corporation Name

THOMPSON ELECTRIC OF FT. PIERCE, INC.

Principal Place of Business

4205C METZGAR ROAD  
FT PIERCE FL 34947

Mailing Address

4205C METZGAR ROAD  
FT PIERCE FL 34947



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1982	3a. Date of Last Report 06/05/1996
4. FEI Number 59-2192567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21 506 S. Market Ave

Suite, Apt. #, etc.

22

City & State

23 Ft. Pierce, FL

Zip

24 34982

Country

25 St. Lucie

2a. Mailing Address

26 506 S. Market Ave

Suite, Apt. #, etc.

27

City & State

28 Ft. Pierce, FL

Zip

29 34982

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

THOMPSON, SAM N  
4205-C METZGAR RD  
FT. PIERCE FL 33450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002271636-3

83

-08/19/97-01083-015

84 City

\*\*\*\*165.00 \*\*\*\*165.00  
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

*Sam N. Thompson*

8-11-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS THOMPSON, SAM N.  
CITY-ST-ZIP 4205C METZGAR ROAD  
FT PIERCE, FL 00000

TITLE ☒ DELETE

NAME DVP  
STREET ADDRESS DAVIS, RICHARD K.  
CITY-ST-ZIP 4205-C METZGAR RD  
FT PIERCE, FL 00000

TITLE ☒ DELETE

NAME ST  
STREET ADDRESS DAVIS, RICHARD K.  
CITY-ST-ZIP 4205-C METZGAR RD  
FT PIERCE, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 506 S. Market Ave

1.4 CITY-ST-ZIP Ft. Pierce, FL 34982

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVP

2.3 STREET ADDRESS Rubye Thompson

2.4 CITY-ST-ZIP 506 S Market Ave

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Rubye Thompson ST

3.3 STREET ADDRESS 506 S. Market Ave

3.4 CITY-ST-ZIP Ft. Pierce, FL 34982

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

*Sam N. Thompson*

8-11-97

CR2E034 (4/97)