## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

96000002375

Thompson

Sousser, Inc.

		1			
Principal Place of Business Mailing Address		7			
630 Morrison Ad., Ste. 150		1			
0001 1111111111111111111111111111111111		•			
Galaria, OH 43230		2. Data lacovacyated or Ovelified	3a. Data of L	an Por	NOC!
		3. Pate Incorporated or Qualified	12/3	1195	<u></u>
Principal Place of Business     Realing Address		4. FEI Number		Appl	ied For
11 Same 26 Same		31-1313708			Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 -	.75 Ad	
City & State City & State		6. Election Campaign Financing	\$:	5.00 м	lav Be
28		Trust Fund Contribution		dded to	
	Country	8. This corporation has liability for			199.032,
24 25 29 30			JYes □ No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Re	gistered Agent		
AT Correction Sustem	81 Name				
C ( CO) (32 4 1 0 1 2 1	82 Street Add	fress (P.O. Box Number is Not Accepta	ble)		
CT Corporation System 1200 G. Pine Island Rd.					
Plantation, FL 33324	63				
17(a)7a(a), + 1 22204	84 City		85	Zip Co	ode
			FL	l	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida, Such change was author.</li> </ol>	the above-named con	rporation submits this statement for the	purpose of chan	ging its	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida	Statutes.		pi ino appoint	J	9.0.0.00
SIGNATURE					· .
	gistered Agent signature req		DATE	- 2-0-0	11.
12. OFFICERS AND DIRECTORS  THE DOCK I A CONT. TOPPOSITE DELETE	13.	ADDITIONS/CHANGES TO OFFI			Addition
Trasident it disors			، ب	Hange	- AUURION
MME Brian W. Slugget	1.2 NAME				
STREET ADDRESS 630 MOTTISON Pd., Stc 150	1.3 STREET ADDRESS				
CIV-SI-71P Charana, OH 43230	14 CITY-ST-ZIP				1 1 2 200
TITLE VICE President/Secretary DELETE	2.1 TITLE		i i	Change	Addition Addition
MAME GICGOTY A. Thompson Street ADDRESS 630 MOTHER Rd. STC. 150	2.2 NAME				
STREET ADDRESS 630 MOTTISON R.G. STC. 190	2.3 STREET ADDRESS				
OITY-SI-210 Galania, OH 43230	2.4 CITY-ST-ZIP				
TITLE DELETE	3.1 TITLE			Change	Addition
NAME	3.2 NAME				
STREET ADORESS	3.3 STREET ADDRESS				

6.4 CITY - ST - ZIP 14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily 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 that may be 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 that may be 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 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 under 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 under 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 under 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 under the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under under 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 the information indicated in the information indicated in the information indicated in the information indicated in the same legal effect as if made under the information indicated in the informat

3.4. CITY-ST-ZIP

4.3 STREET ADORESS 44 CITY-ST-ZIP

5 3 STREET + DURESS

6 3 STREET ADDRESS

S 4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

titl t

NAME

TITLE

NAME

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NAME

NTED NAME OF SIGNING OFFICER OR DIRECTOR

\*\*\*165.00

Change

Change

500002120995 Addition -03/21/97--01109--005

☐ Addition

☐ Addition

**FILED** 

Mar 21 1997 8:00am

Secretary of State