

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002811 (5)

1. Corporation Name
THOMPSON DENTAL COMPANY

Principal Place of Business

P.O. BOX 3486
CAYCE SC 29171

Mailing Address

P.O. BOX 3486
CAYCE SC 29171-3486

3. Date Incorporated or Qualified

06/05/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

SMITH, ED
8535 BAYMEADOWS ROAD, STE 62
JACKSONVILLE FL 32256

4. FEI Number

57-0261190

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. This corporation has liability for intangible tax under s. 199.032,
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. 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

Ed Smith

4-18-97

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

CD

☐ DELETE

NAME

DEPORTES, F A

STREET ADDRESS

2422 DEVINE ST

CITY - ST - ZIP

COLUMBIA SC

TITLE

PD

☐ DELETE

NAME

DESPORTES, PERRIN T

STREET ADDRESS

1106 KNOX ABBOTT DR

CITY - ST - ZIP

CAYCE SC

TITLE

VD

☐ DELETE

NAME

ECKARD, RANDEL J

STREET ADDRESS

2720 DISCOVERY DRIVE

CITY - ST - ZIP

RALEIGH NC

TITLE

V

☐ DELETE

NAME

BERNARDIN, JOHN A

STREET ADDRESS

2422 DEVINE ST

CITY - ST - ZIP

COLUMBIA SC

TITLE

SD

☐ DELETE

NAME

CUNNINGHAM, TIMOTHY E

STREET ADDRESS

103 SANBORN ST

CITY - ST - ZIP

FLORENCE SC

TITLE

T

☒ DELETE

NAME

WANNAMAKER, JOYCE P

STREET ADDRESS

1106 KNOX ABBOTT DR

CITY - ST - ZIP

CAYCE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

29202

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

29033

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

23202

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

23202

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

29033

6.1 TITLE

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Treasurer

Eugene G. Hay

1106 Knox Abbott Dr. 29033

Cayce, SC

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

803-796-1920

Date

Daytime Phone #

0010820

CR2E034 (9/96)