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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90246 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

c/o Joyce Wannamaker
P.O. BOX 3486
CAYCE SC 29171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

4-14-99

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 29205

TITLE PD ☐ DELETE
NAME DESPORTES, PERRIN T
STREET ADDRESS 1106 KNOX ABBOTT DR
CITY - ST - ZIP CAYCE SC 29033

TITLE VD ☐ DELETE
NAME ECKARD, RANDEL J
STREET ADDRESS 2720 DISCOVERY DRIVE
CITY - ST - ZIP RALEIGH NC 27661

TITLE V ☒ DELETE
NAME BERNARDIN, JOHN A
STREET ADDRESS 2422 DEVINE ST
CITY - ST - ZIP COLUMBIA SC 29205

TITLE SD ☐ DELETE
NAME CUNNINGHAM, TIMOTHY E
STREET ADDRESS 103 SANBORN ST
CITY - ST - ZIP FLORENCE SC

TITLE T ☐ DELETE
NAME HAY, EUGENE G.
STREET ADDRESS 1106 KNOX ABBOTT DR
CITY - ST - ZIP CAYCE SC 29033

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst. Treas. ☐ Change ☒ Addition
1.2 NAME Joyce P. Wannamaker
1.3 STREET ADDRESS 1106 Knox Abbott Dr.
1.4 CITY - ST - ZIP Cayce, SC 29033

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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: Joyce P. Wannamaker, Asst. Treas. 4-14-99 803-796-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0011341