FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 18 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 # **F96000004424 (5)**

1. Corporation Name
E. F. THOMPSON GEOTECHNOLOGIES, INC.

Principal Place of Business
11700 WEAVER RD
WILMER AL 36587

Mailing Address
11700 WEAVER RD
WILMER AL 36587-8426

3. Date Fee Received or Qualified: **08/28/1996**
3a. Date of Last Report:

4. FEI Number: **APPLIED FOR 63-1176967** (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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 / 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0502 or 617.1502, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
THOMPSON, E. FLETCHER
11700 WEAVER RD
WILMER AL 36587
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

55 TITLE
56 NAME
57 STREET ADDRESS
58 CITY-ST-ZIP
[ ] Change [ ] Addition

59 TITLE
60 NAME
61 STREET ADDRESS
62 CITY-ST-ZIP
[ ] Change [ ] Addition

63 TITLE
64 NAME
65 STREET ADDRESS
66 CITY-ST-ZIP
[ ] Change [ ] Addition

67 TITLE
68 NAME
69 STREET ADDRESS
70 CITY-ST-ZIP
[ ] Change [ ] Addition

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP
[ ] Change [ ] Addition

CR2E034 (9/96)

14. I do hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: _____ 3/15/97 334-645-4400