

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:31

DOCUMENT # G00808

(7)

1. Corporation Name

EMINENT TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

% F. BRUCE THIGPEN, III
225 EAST PALMER ST.
TALLAHASSEE FL 32301

% F. BRUCE THIGPEN, III
225 EAST PALMER ST.
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1982

3a. Date of Last Report

08/24/1994

4. FEI Number

59-2235122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THIGPEN, F. BRUCE, III
1026 MERRITT DR.
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	STEWART, WILLIAM LEE
STREET ADDRESS	818 BAHAMA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	BAGWELL, CHARLES CENSER
STREET ADDRESS	4019 ROSCREA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	PT
NAME	THIGPEN, BRUCE F III
STREET ADDRESS	1026 MERRITT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	MUFFLEY, GARY WAYNE
STREET ADDRESS	3856 SILVER CHALICE RD
CITY-ST-ZIP	MEMPHIS, TN 00000
TITLE	S
NAME	THIGPEN, FREDERICK B MD
STREET ADDRESS	1455 MARION AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 this 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:

F. Bruce Thigpen F. BRUCE THIGPEN

1/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Certifying Officer's