

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G00808** (7)

1. Corporation Name

**EMINENT TECHNOLOGY, INC.**



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
**09/21/1982**

3a. Date of Last Report  
**01/31/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
**59-2235122**

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

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **V STEWART, WILLIAM LEE**  
STREET ADDRESS **818 BAHAMA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE  
NAME **D BAGWELL, CHARLES CENSER**  
STREET ADDRESS **4019 ROSCREA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE  
NAME **PT THIGPEN, BRUCE F III**  
STREET ADDRESS **1026 MERRITT DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE  
NAME **D MUFFLEY, GARY WAYNE**  
STREET ADDRESS **3856 SILVER CHALICE RD**  
CITY-ST-ZIP **MEMPHIS, TN 00000**

TITLE ☐ DELETE  
NAME **S THIGPEN, FREDERICK B MD**  
STREET ADDRESS **1455 MARION AVENUE**  
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 119.07(3)(k), 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:

*F. Bruce Thigpen III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F. Bruce Thigpen III**

**3/14/96**

**904 515-5655**

DATE

Daytime Phone #

CR2E034 (12/95)