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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 32301-5533

3. Date Incorporated or Qualified

09/21/1982

3a. Date of Last Report

03/19/1996

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

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

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

☐ DELETE

NAME

STEWART, WILLIAM LEE

STREET ADDRESS

818 BAHAMA DRIVE

CITY - ST - ZIP

TALLAHASSEE, FL 00000

TITLE

D

☐ DELETE

NAME

BAGWELL, CHARLES CENSLER

STREET ADDRESS

4019 ROSCREA DRIVE

CITY - ST - ZIP

TALLAHASSEE, FL 00000

TITLE

PT

☐ DELETE

NAME

THIGPEN, BRUCE F III

STREET ADDRESS

1026 MERRITT DRIVE

CITY - ST - ZIP

TALLAHASSEE, FL 00000

TITLE

D

☐ DELETE

NAME

MUFFLEY, GARY WAYNE

STREET ADDRESS

3856 SILVER CHALICE RD

CITY - ST - ZIP

MEMPHIS, TN 00000

TITLE

S

☐ DELETE

NAME

THIGPEN, FREDERICK B MD

STREET ADDRESS

1455 MARION AVENUE

CITY - ST - ZIP

TALLAHASSEE, FL 00000

TITLE

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 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:

F. Bruce Thigpen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

(704) 575-5655

Daytime Phone #

CR2E034 (9/96)