AMENOEL

FLORIDA DEPARTMENT OF STATE

FILE NOW: FILING FEE AFTER MAY 1ST IS-\$550.00

PROFIT

CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 OCT 19 AM 8: 45 DOCUMENT # G36545 SECRETARY OF STATE TALLARASSEE, FLORIDA THOMPSON ELECTRICAL, INC. Principal Place of Business Mailing Address 4365 OKEECHOBEE BIVA. Suite B-10 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified W. PAIN BEACH, FL 33409 05-02-83 2. Principal Place of Business 2a. Mailing Address Applied For 300573 SAME SAME Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANDRA B. THOMPSON 6110 Seven Springs Blud. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 84 City 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE RESIDENT ☐ Change ☐ Addition TITLE 1.1 TITLE PAUL D. THOMPSON 1.2 NAME NAME 700002669337-CR2E034 6110 Seven Springs Blue 1.3 STREET ADDRESS STREET ADDRESS -10/21/98--01070--001 WOLTH FU 33463 CITY-ST-ZIP 1.4 CITY-ST-ZIP *****61.25 ******51 25 ☐ Change ☐ Addition DELETE V. PRES. TITLE 21 TITLE TEVEN M. THOMPSON NAME 22 NAME 44 Lighthouse DR 2.3 STREET ADDRESS STREET ADDRESS PAIN BEACE FL 33408 2, 4 CITY-ST-ZIP CITY-ST-ZIP SEC/ TRUAS DELETE SEG Change Addition TITLE SANDRA B. THOMPSON 31 TITLE SANDRA B THOMPSON 32 NAME NAME 6110 seven springs BIVA 3.3 STREET ADDRESS STREET ADDRESS SAME 33463 3,4, CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TREAS Change 4.1 TITLE TITLE RATHLEEN M. THOMPSON NAME 4. 2 NAME STREET COORESS 4.3 STREET ADDRESS <u>33408</u> 4,4 CITY - ST-ZIP CITY-ST DELETE _ Addition 5.1 TITLE Change TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE __ Change NAME 6.2 NAME STREET ADDRESS 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 if the certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if the conduction of the corporation of 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. 10-14-98 561-616-0607 SIGNATURE: