

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63519

1. Entity Name

JOHN W. AND BIRDIE STROM THOMPSON, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90275 047 ***150.00

Principal Place of Business

Mailing Address

RT. 5 BOX 26
QUINCY FL 32351

RT. 5 BOX 26
QUINCY FL 32351

2. Principal Place of Business

Gretna Fla.

3. Mailing Address

14953 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14953 Main St

City & State

Gretna Florida

City & State

Gretna Florida

Zip

Country

32332

USA

Zip

Country

32332

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2331465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, M. LYNETTE
APT. 523 OAKS SOUTH
4425 MEANDERING WAY
TALLAHASSEE FL 32308

Name

John A Thompson

Street Address (P.O. Box Number is Not Acceptable)

14953 main St.

City Gretna

FL

Zip Code

32332

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John A. Thompson (John A. Thompson) Treasurer

3-1-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, J. WALLACE	
STREET ADDRESS	RT. 5 BOX 26	
CITY-ST-ZIP	QUINCY FL 32308	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LYNETTE	
STREET ADDRESS	APT. 523 OAKS SOUTH, 4425 MEANDERING WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheryl T. Hinson	
STREET ADDRESS	716 N. 9th St.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory W. Thompson	
STREET ADDRESS	2509 Harriman Circle	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John A. Thompson	
STREET ADDRESS	206 N. Love St.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 further 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Thompson* John A. Thompson

3-1-01

850-856-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)