

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G70722 (5)

1. Corporation Name

THOMPSON SHEET METAL, INC.

Principal Place of Business

Mailing Address

**WILLIAM D. THOMPSON
3335 N. MAIN TERRACE PO DRAWER 2280
GAINESVILLE FL 32602**

**WILLIAM D. THOMPSON
3335 N. MAIN TERRACE PO DRAWER 2280
GAINESVILLE FL 32602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/18/1983

04/21/1994

4. FEI Number

59-2347775

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**

9. This corporation has liability for intangibles tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, WILLIAM D.
3335 N. MAIN TERRACE
GAINESVILLE FL 32602**

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 the above information and the obligations of the registered agent under 607.0505, Florida Statutes.

SIGNATURE

(print or print)

(print)

(print if applicable)

NOTE: Registered Agent signature required when negotiating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
THOMPSON, WILLIAM D
5015 NW 9TH ST
GAINESVILLE FL 32609**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
**154 Pelican Reef Drive
St. Augustine, Florida 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, DONALD R.
RT. 5, BOX 7079
STARKE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, LINDA D.
5015 NW 9TH ST
GAINESVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition
**154 Pelican Reef Drive
St. Augustine, Florida 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THOMPSON, JOYCE C.
RT 5 BOX 7079
STARKE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(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 addition with an address.

SIGNATURE:

William D. Thompson

William D. Thompson

4/8/95

(904) 378-0712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR