

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **G70722** (5)  
1. Corporation Name  
**THOMPSON SHEET METAL, INC.**

Principal Place of Business <b>WILLIAM D. THOMPSON 3335 N. MAIN TERRACE PO DRAWER 2280 GAINESVILLE FL 32602</b>	Mailing Address <b>WILLIAM D. THOMPSON 3335 N. MAIN TERRACE PO DRAWER 2280 GAINESVILLE FL 32602</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/18/1983</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <b>59-2347775</b> Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THOMPSON, WILLIAM D. 3335 N. MAIN TERRACE GAINESVILLE FL 32602</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP THOMPSON, WILLIAM D 154 PELICAN REEF DR ST AUGUSTINE FL	1.1 TITLE	Vice President
NAME		1.2 NAME	Michael M. Kotait
STREET ADDRESS		1.3 STREET ADDRESS	1601 N.W. 94th St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, Florida 32606
TITLE	D THOMPSON, DONALD R. RT. 5, BOX 7079 STARKE FL	2.1 TITLE	Vice President
NAME		2.2 NAME	John N. Strickland
STREET ADDRESS		2.3 STREET ADDRESS	7618 N.W. 35th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL
TITLE	D THOMPSON, LINDA D. 154 PELICAN REEF DR ST AUGUSTINE FL	3.1 TITLE	Vice President
NAME		3.2 NAME	Mark T. Hurm
STREET ADDRESS		3.3 STREET ADDRESS	1404 N.W. 93th Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville, Florida 32606
TITLE	S THOMPSON, JOYCE C. RT 5 BOX 7079 STARKE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*William D. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-98

332-778-0712

CP2E034 (10/97)