

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 013 ***158.75

DOCUMENT # G70722

1. Corporation Name

THOMPSON SHEET METAL, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1983

4. FEI Number

59-2347775

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

John N. Strickland

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

83

3335 N. Main Terrace

84 City

Gainesville

FL

85 Zip Code

32609-2301

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

John N. Strickland

2/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME THOMPSON, WILLIAM D
STREET ADDRESS 154 PELICAN REEF DR
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE VP
NAME KOTAIT, MICHAEL M
STREET ADDRESS 1601 NW 94TH ST
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE VP
NAME STRICKLAND, JOHN N
STREET ADDRESS 7618 NW 35TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP
NAME HURN, MARK T
STREET ADDRESS 1404 NW 99 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Thompson, William D.
1.3 STREET ADDRESS 154 Pelican Reef Drive
1.4 CITY-ST-ZIP St. Augustine, FL 32084

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

3.1 TITLE Treasurer/Director ☒ Change ☐ Addition
3.2 NAME Kotait, Michael M.
3.3 STREET ADDRESS 3335 N. Main Terrace
3.4 CITY-ST-ZIP Gainesville, FL 32609-2301

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

5.1 TITLE President/Director ☒ Change ☐ Addition
5.2 NAME Strickland, John N.
5.3 STREET ADDRESS 7618 N.W. 35 Avenue
5.4 CITY-ST-ZIP Gainesville, FL 32606

6.1 TITLE Director ☒ Change ☐ Addition
6.2 NAME Hurn, Mark T.
6.3 STREET ADDRESS 3629 N.E. 159 Place
6.4 CITY-ST-ZIP Gainesville, FL 32609

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, with all other like empowered.

SIGNATURE: John N. Strickland John N. Strickland 2/11/99 352-378-0712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)