

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H09887 (1)

1. Corporation Name

THOMPSON INTERIOR SYSTEMS, INC.

Principal Place of Business

**3714 VINELAND RD.
ORLANDO FL 32811**

Mailing Address

**3714 VINELAND RD.
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1984

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2414092

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM J.
3714 VINELAND RD.
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
THOMPSON, EDWIN A.
9907 KINGSWOOD CIR.
SUN CITY AZ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
THOMPSON, WILLIAM J.
12224 FIREMANS CANAL DR
CLERMONT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RIDDELL, SAM
FONDREN ST.
JACKSON MS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CALL, JAMES
9475 KILGORE ROAD
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**D, C,
Thompson, Edwin A.
9907 Kingswood Circle
Sun City, AZ 85351**

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**D, P
William J. Thompson
12224 Firemans Canal Dr.
Clermont, FL 34711**

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Delete

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

**S, T
Connie R. Thompson
12224 Firemans Canal Dr.
Clermont, FL 34711**

☐ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**VP
Glenn P. Miguez
3108 Ginger Circle
Orlando, FL 32826**

☐ 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 119.07(3)(g), Florida Statutes; I further certify that the information contained 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 this 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 13, unchanged, or on an attachment with an address.

SIGNATURE:

William J. Thompson, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

5-11-95

407-422-8154