

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B 3067

C

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



3. Date Incorporated or Qualified

06/27/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 833 W. Hwy 50

26 833 W. Hwy 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 CLERMONT, FL

28 CLERMONT, FL

Zip

Country

Zip

Country

24 34711

25 LAKE

29 34711

30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

833 W. Hwy 50

83

84 City

CLERMONT

FL

85 Zip Code

34711

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 DC ☐ DELETE

NAME THOMPSON, EDWIN A.  
STREET ADDRESS 9907 KINGSWOOD CIR.  
CITY - ST - ZIP SUN CITY AZ

TITLE DP ☐ DELETE

NAME THOMPSON, WILLIAM J.  
STREET ADDRESS 12224 FIREMANS CANAL DR  
CITY - ST - ZIP CLERMONT FL

TITLE ST ☐ DELETE

NAME THOMPSON, CONNIE  
STREET ADDRESS 12224 FIREMANS CANAL DR  
CITY - ST - ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME CALL, JAMES  
STREET ADDRESS 9475 KILGORE ROAD  
CITY - ST - ZIP ORLANDO FL

TITLE VP ☒ DELETE

NAME MIGUES, GLENN P  
STREET ADDRESS 3108 GINGER CIRCLE  
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-96 352-242-9663

CR2E034 (12/95)