

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90025 005 \*\*\*150.00

DOCUMENT # H48801

1. Corporation Name

THOMPSON JEWELERS OF LAKE WALES, INC.

Principal Place of Business

2558 E COLONIAL DR  
ORLANDO FL 32803  
US

Mailing Address

2558 E COLONIAL DR  
ORLANDO FL 32803  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1985

4. FEI Number

59-2523919

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3250 Hwy 441 South

Suite, Apt. #, etc.

22

City & State

23 OKEECHOBEE FL

Zip

Country

24 34974

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THOMPSON, GENE  
13 SOUTH ORANGE AVE.  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

GENE THOMPSON

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

2558 E. COLONIAL DRIVE

83

84 City

ORLANDO FL

FL

85 Zip Code

32803

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 ☐ DELETE

TITLE PD  
NAME THOMPSON, EUGENE C.  
STREET ADDRESS 3614 ROSSWOOD DR  
CITY-ST-ZIP ORLANDO FL

TITLE SVD ☐ DELETE  
NAME THOMPSON, LOUISE ANN  
STREET ADDRESS 3614 ROSSWOOD DR  
CITY-ST-ZIP ORLANDO FL

TITLE DT ☐ DELETE  
NAME HICKS, DERRICK  
STREET ADDRESS 5350 MILL STREAM CT.  
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

EUGENE C. THOMPSON  
PRESIDENT

1/25/99

Date

(407) 895-9499

Daytime Phone #

CR2E034 (11/98)