

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H53326 (5)

1. Corporation Name

GLEN H. THOMPSON & ASSOCIATES, INC.



Principal Place of Business

% GLEN H. THOMPSON
3325 EUNICE ROAD
JACKSONVILLE FL 32250

Mailing Address

% GLEN H. THOMPSON
3325 EUNICE ROAD
JACKSONVILLE FL 32250

2. Principal Place of Business

2a. Mailing Address

21 3325 Eunice Rd

26 3325 Eunice Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

32250

Country

USA

32250

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, GLEN H.
3325 EUNICE ROAD
JACKSONVILLE FL 32250

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 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent must be present and filed with this report.

Signature of Registered Agent must be present and filed with this report.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
DP	THOMPSON, GLEN H.	3325 EUNICE ROAD	JACKSONVILLE FL	☐
V	THOMPSON, MARVINE N.	3325 EUNICE RD	JACKSONVILLE FL	☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	☐	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐	☐	☐

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 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: Glen H. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLEN H. THOMPSON

3-4-96 9042231567
FILED
DATE & PRICE

CR2E034 (12/95)