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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H53326 (5)

1. Corporation Name
GLEN H. THOMPSON & ASSOCIATES, INC.



Principal Place of Business
3325 EUNICE RD
JACKSONVILLE FL 32250
US

Mailing Address
3325 EUNICE RD
JACKSONVILLE FL 32250-2000
US

2. Principal Place of Business
21 10117 LEISURE LN. SO.
State, Apt. #, etc.

2a. Mailing Address
26 10117 LEISURE LN. SO.
State, Apt. #, etc.

3. Date Incorporated or Qualified 04/18/1985
3a. Date of Last Report 03/08/1996

4. FEI Number 59-2518086
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

22 City & State
23 JACKSONVILLE, FL
24 32256 25 DUVAL

27 City & State
28 JACKSONVILLE, FL
29 32256 30 DUVAL

9. Name and Address of Current Registered Agent

THOMPSON, GLEN H.
3325 EUNICE ROAD
JACKSONVILLE FL 32250

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 Section 607.05(1)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am authorized by the corporation's board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 of this report as an officer or director.

SIGNATURE: *Glen H. Thompson, President*

12. OFFICERS AND DIRECTORS	
1. NAME	☐ DELETE
2. ADDRESS	
3. CITY-STATE-ZIP	
4. NAME	☐ DELETE
5. ADDRESS	
6. CITY-STATE-ZIP	
7. NAME	☐ DELETE
8. ADDRESS	
9. CITY-STATE-ZIP	
10. NAME	☐ DELETE
11. ADDRESS	
12. CITY-STATE-ZIP	
13. NAME	☐ DELETE
14. ADDRESS	
15. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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 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 the corporation; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 of this report as an officer or director.

SIGNATURE: *Glen H. Thompson, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97 9045642386

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