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FILED
May 20 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 # **H69335** **(8)**

1. Corporation Name
**O. B. THOMPSON CONSTRUCTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 325 ~~345~~ MANGO ST.<br>FT. MYERS BEACH FL 33931-0235 | ~~345 MANGO ST.~~<br>~~FT. MYERS BEACH FL 33931-3248~~<br>PO Box 17174<br>SARASOTA FL 34276 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 325 MANGO ST | 26 PO Box 17174 |
| Suite, Apt. #, etc.<br>22 Ft Myers Beach | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 FT MYERS BEACH FL | City & State<br>28 SARASOTA FL |
| Zip / Country<br>24 33931 / 25 USA | Zip / Country<br>29 34276 / 30 USA |

3. Date Incorporated or Qualified: 07/26/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0123342 ☐ 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

**9. Name and Address of Current Registered Agent**

THOMPSON, O.B.
325 ~~345~~ MANGO ST.
FT. MYERS BEACH FL 33931

**10. Name and Address of New Registered Agent**

81 Name: THOMPSON O.B.
82 Street Address (P.O. Box Number is Not Acceptable): 1300 PORTFINO DRIVE # 308
83
84 City: SARASOTA FL 85 Zip Code: 34242

**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: O B THOMPSON O B Thompson 4-15-97
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 | STD ☐ DELETE | 1.1 TITLE | STD ☐ Change ☐ Addition |
| NAME | THOMPSON, CAROLYN | 1.2 NAME | THOMPSON CAROLYN |
| STREET ADDRESS | ~~4011 ROCKERFELLER~~ 2718 Grove PL | 1.3 STREET ADDRESS | 2718 GROVE PL |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | SARASOTA FL - 34239 |
| TITLE | PD ☐ DELETE | 2.1 TITLE | PD ☐ Change ☐ Addition |
| NAME | THOMPSON, O.B. | 2.2 NAME | THOMPSON O.B. |
| STREET ADDRESS | ~~345 MANGO ST~~ PO Box 17174 | 2.3 STREET ADDRESS | 1300 N PORTFINO DR - # 308 |
| CITY-ST-ZIP | ~~FT. MYERS BCH. FL~~ SARASOTA FL 34276 | 2.4 CITY-ST-ZIP | SARASOTA FL - 34242 |
| TITLE | D ☐ DELETE | 3.1 TITLE | D ☐ Change ☐ Addition |
| NAME | THOMPSON, BARRET | 3.2 NAME | THOMPSON BARRETT |
| STREET ADDRESS | ~~216 MANGO ST~~ 1407 BARCELONA | 3.3 STREET ADDRESS | 1407 BARCELONA |
| CITY-ST-ZIP | ~~FT. MYERS BEACH FL~~ FT MYERS FL 33901 | 3.4 CITY-ST-ZIP | FT MYERS FL 33901 |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

**14.** I do 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.

SIGNATURE: O B THOMPSON O B Thompson PRESIDENT 4-15-97 941-765-5505