


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 325 MANGO ST FT. MYERS BEACH FL 33931-0235 US	Mailing Address P.O. BOX 17174 FT. MYERS BEACH FL 34276 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/26/1985	4. FEI Number 65-0123342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THOMPSON, O.B. 1300 PORTFIND DR, #308 SARASOTA FL 34242 CHANGE ADDRESS	10. Name and Address of New Registered Agent 81 Name THOMPSON O.B. 82 Street Address (P.O. Box Number is Not Acceptable) 1350 N PORTOFIND DR # 206 83 84 City SARASOTA FL 85 Zip Code 34242
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CAROLYN	1.2 NAME	
STREET ADDRESS	4011 ROCKERFELLER	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, O.B.	2.2 NAME	PD THOMPSON O.B.
STREET ADDRESS	1300 N PORTFIND, #308	2.3 STREET ADDRESS	PO Box 17174
CITY-ST-ZIP	FT. MYERS BCH-FL	2.4 CITY-ST-ZIP	SARASOTA FL 34276
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BARRETT	3.2 NAME	
STREET ADDRESS	1407 BARCELONA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson O.B.	4.2 NAME	
STREET ADDRESS	1350 N PORTOFIND DR # 206	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON CAROLYN	5.2 NAME	
STREET ADDRESS	2718 GROVE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* O.B. THOMPSON, APR 22 1998, 944-7655545

CR2E034 (10/97)