'R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H82673

1. Corporation	n Name	,			ļ		
THOMPSON ENGINEERING CONSULTANTS, INC.							
					A PORTRA DIRECTOR AND		1811 818 11 1881
						 	
Principal Place of Business Mailing Address					T AMBIGST MEAN LOUIS THE BITTLE THE REST OF SERVICE CO.		1811 81811 1881
900 W LINTON BLVD 900 W LINTON BLVD.					·		
SUITE 200 SUITE 200							
DELRAY BEACH FL 33444 US DELRAY BEACH FL 33444 US					DO NOT WRITE IN THI	S SPACE	
US		US			3. Date Incorporated or Qualifed 10/25/1985		
. Data da a 1 01	Inc. of Dunings	2a, Mailing Address			4. FEI Number	. Apr	plied For
——————————————————————————————————————	lace of Business	26. Maining Address			59-2573713		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc. · ·			, , , , , , , , , , , , , , , , , , , ,	\$8.75 A	
22	.,, 6.6.	27			5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year In		_
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registered	d Agent	
THO	MPSON DANIELE		81	Name			
THOMPSON, DANIEL E 900 W LINTON BLVD		F	82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
STE #200			83		The first of the f		
	RAY BEACH FL 33444		65				
-			84	City		85 Zip C	Code
44 Durana	to the annual section 607 050	22 and 607 1609 Florida Statutos	the abov	a-named corn	oration submits this statement for the nurross of	of changing its I	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was auth	norized by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	ointment as reg	gistered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes	5.			
SIGNATURE	m familiar with, and accept the obligation of registered age.				d when reinstating) DATE		
	Signature, typed or printed name of registered age					AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE: Re	egistered Age		d when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E.	int and title if applicable. (NOTE: Re	egistered Age		d when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	int and title if applicable. (NOTE: Re	13. 1.1 TITLE		d when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E.	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	d when reinstating) DATE	AND DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	int and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	d when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	d when reinstating) DATE	AND DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	d when reinstating) DATE	AND DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and trile if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS T ADDRESS	d when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	T ADDRESS T ADDRESS	d when reinstating) DATE	AND DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and trile if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	d when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and trile if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	d when reinstating) DATE	AND DIRECTOI Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	Int and title if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	nt and trile if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRESS TT ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOI Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	Int and title if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T - ZIP T ADDRESS T - ZIP T ADDRESS ST - ZIP T ADDRESS ST - ZIP	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	Int and title if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.3 STREE 4.4 CAMAME 4.3 STREE	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	Int and title if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S 4.5 TITLE 4.4 CITY-S 4.5 TITLE 4.4 CITY-S 4.5 TITLE 4.4 CITY-S	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD THOMPSON, DANIEL E. 18292 181 ST CIR. S.	Init and title if applicable. (NOTE: Re ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS	a when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Change Change	RS IN 12 Addition Addition Addition

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 of on an attacgment with an address, with all other like empowered.

SIGNATURE:

129-99361-274-0200 EXT 11

Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90103 015 ***150.00

CR2E034 (11/98)