FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLOR-DA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT

Sariora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H99267

(7)

B. L. THOMPSON, INC.

APPROVED AND FILED

96 SEP -6 AM 10: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place o		Mailing A							
% BOBBY LEE THOMPSON 2325 WEST FAIRBANKS AVENUE WINTER PARK FL 32789		2325	% BOBBY LEE THOMPSON 2325 WEST FAIRBAINS AVENUE WINTER PARK FL 32789		ΙE				
		WINI				 Date Incorporated or Qualified 02/14/1986 	3a. Date of L 03/0	ast Report 03/1995	
2. Principal Plac	e of Business	2a, Mailin	ig Address			4. FEI Number		Applied	
21		26				59-2637494		⊥ <u>↓</u> `	oplicable
Suite, Apt. #,	etc	Suite	, Apt. #, etc			5. Certificate of Status Desired		B.75 Addit Fee Requir	
City & State		Oity 8	i State			Election Campaign Financing Trust Fund Contribution	1 1	55.00 May Added to Fe	
Zip	Country	Zip		Cou	intry	8. This corporation has liability for	intangible tax un 	ders 199.0)32,
24]	25	29		30	₁	Florida Statutes Yes 10. Name and Address of New F	_		
	9. Name and Address of Cur	rent Hegistered	Agent		81 Name	10. Name and Address of from t	iogisterou rigo		
TUONE	CON BUBBY LEE						(1-)		
THOMPSON, BOBBY LEE 2325 WEST FAIRBANKS AVENUE					82 Street Add	Iress (P.O. Box Number is Not Acceptat	- 11 1 5-15	jug!	
	R PARK FL 32789				83	-09/18.	/96UIU:]]][]]	1
******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				84 City	****	25.00 *** 8.00 ***		
					' ' '	ration submits this statement for the pu	F L.	-	
SIGNATURE	n, and accept the obligations of S Surabra Scotter and the obligations	ejertanaktiontajor al-		adl tagasis	t Agent syrastine require	of weath-carety, ADDITIONS/CHANGES TO OF	DATE	#C1088.IN	VI 12
12.	OFFICERS	AND DIRECTORS	S DELETE	13.		ADDITIONS/CHANGES TO OF		nange	
TITLE	THOMPSON, BOBBY LE	F	Flores	128					
NAME STREET ADDRESS	2325 W FAIRBANKS AV				TREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL	LIVE			2-1Y - S1 - Z P				
TITLE	***************************************		DELETE		TITLE		□ c	hange 🔲	Addition
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STREET ADDRESS				235	STREET AUGRESS				
CITY - ST - ZIP			.,,	240	OFF SUZIE				A 1 45.1
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NAME STREET ADDRESS					STREET ADDRESS	MAJOLIN			
CITY-ST-ZIP					CITY-ST ZIP	D. M.			
TITLE			DELETÉ		TIPLE			Change 🔲	Addition
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STREET ADDRESS				5.3	STREET ADURESS				
CITY-ST-ZIP				5.4	Cdy SI-Z#				
TITLE			DELLETE	6 1	TITLE			Change 🔲	Addition
NAME				62	NAME				
CTDEET ADDRESS	1			6.3	STREET ADDRESS				

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)(k). Fior-da Statutes, I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation with the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it is played, or on an attaching it with an actifices.

6.4 CITY - \$1 - 7IP

SIGNATURE:

CITY - ST - ZIP

AME OF SIGNING OFFICER OR DIRECTOR

June 30 1994 407 6441723

CR2E034 (12/95)