FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K65845

1. Corporation Name
Tompkins & Associates, INC

Principal Place of Business
41 N. Archwood Dr.
Inverness, FL 34450

Mailing Address
41 N Archwood Dr
Inverness, FL
34450

3. Date Incorporated or Qualified: 2/9/1989	3a. Date of Last Report: 2/21/95
4. FEI Number: 59-2931716	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

[redacted] Bart Tompkins
[redacted] 800 23rd Ave N
[redacted] St. Pete, FL
[redacted] 33704

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 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 [redacted] Bart Tompkins, Sec 4/27/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Pres.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Sally Tompkins		2.2 NAME	
STREET ADDRESS	800 23rd Ave N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete, FL 33704		2.4 CITY-ST-ZIP	
TITLE	Vice Pres	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Jenice A Reichenbach		3.2 NAME	
STREET ADDRESS	41 N Archwood Dr		3.3 STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL 34450		3.4 CITY-ST-ZIP	
TITLE	Director	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Bart Tompkins		4.2 NAME	
STREET ADDRESS	800 23rd Ave N.		4.3 STREET ADDRESS	
CITY-ST-ZIP	St Pete, FL 33704		4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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), 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: Jenice A Reichenbach V.P. 4/27/96 352-344-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)