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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K85567

(1)

THOMPSON CONSTRUCTION GROUP, INC.

FILED
Jul 14 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address					I INDIREM DALIBER DELLE TIME OFFILE	986 A1811 A1811 AFBit		
P.O. BOX 8401 ORLANDO FL	P.O. BOX 540114 ORLANDO FL 32854-0114							
					3. Date Incorporated or Qualified 05/04/1989	3a. Date o 05/01/		eport
· ·	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt.	# ptc	Suite, Apt. #, etc.			59-2948010			t Applicable
22 27				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	··
23		[28]			Trust Fund Contribution		Added to	
Zip	Country	Z _{IP} 29	Country		8. This corporation has liability for	or intangible tax		199.032,
24	25 9. Name and Address of Curre		30]		Florida Statutes 10. Name and Address of New			····
THE		The Minister of Page 11	81	Name	10. Hamb Blid Address St Hear	legistered Age		
100	IMPSON, DOUGLAS J. 4 DELRIDGE STREET							
	ANDO FL 32804		82	Street Addro	ess (P.O. Box Number is Not Accept	able)		. **
				·				
			84	City		FL 8	5 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508. Florida Statute	os, the above	-named corp	oration submits this statement for the		angino itr	s registered
office or o	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized by	the corporati	oration submits this statement for the on's board of directors. Thereby acc	ept the appoint	mont as i	registered
	in tartinal with, and accept the oblig	ganona di, occilori doi locos, i lo	aida otatute					
SIGNATURE	Signature, typed or printed name of registered a	yent and title if applicable (NOTE	.: Reg stored Age	nt signature require	od when reinstating)	1A1E		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	P	DELETE	1.1 TITLE				Chang∈	Addition
NAME	THOMPSON, DOUGLAS J.		1.2 NAME					
STREET ADDRESS	1024 DELRIDGE ST		1.3 STREET	ļ				
CITY-\$T-ZIP	ORLANDO FL	Перет	1.4 CITY-S	T-7IP				The August
TITLE		☐ DELETE	2.1 TITLE			LJ	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREFT					
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5 3.1 TITLE	1-7IP		————	Change	Addition
NAME		L_ DICCIL	3.7 THE			ليا	Ollange	E.J Addition
STREET ADDRESS			3.3 STREET	ADDRECO				
.CITY-ST-ZIP			3.4. CITY- S					
TITLE		DELETE	4.1 TITLE	71-21P			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 CITY-S					
TITLE		DELE 1E	5.1 TITLE	i.i."			Change	Addition
NAME			5.2 NAME				-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY- S					
TITLE		☐ DELFTE	6 1 TITLE	-			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADURESS				
CITY-ST-ZIP			6.4 C(1)Y-S	T-71P				
	by partily that the information number	ad with this filips does not availed	u for the eve	motion stated	in Contino 110 07/3/() Ulorida Clate	don I further on	rtife that	there

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 logal effect as if made under eath, 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.

(407) 299–4806

CNATURE OF STATE OF S