COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT# K85567

HOMPSON CONSTRUCTION GROUP, INC.

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90007 015 ***550.00



icipai Piac	e or Business	iviai	iiing Address						
BOX 540114		P.O.	P.O. BOX 540114						
INDO FL 3	2854-0114	ORL	ORLANDO FL 32854-0114				DO NOT MIDITE IN THIS SPACE		
:							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
<u> </u>			M-00- Address				05/04/1989 4: FEI Number Applied Fo		
Principal Place of Business			2a. Mailing Address						
		26	<u> </u>			-	59-2948010 Not Applica \$8.75 Additional		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	31	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	, 1	
		28					Trust Fund Contribution		
Zip Country		L	Zip Country		intry		8. This corporation owes the current year		
	25	29		30			Intangible Personal Property. Yes No		
	9. Name and Address of Currer	nt Regist	ered Agent	·	ļ		10. Name and Address of New Registered Agent		
-					81 Nan	ne			
THO	MPSON, DOUGLAS J.				82 Stre	ot Addr	iress (P.O. Box Number is Not Acceptable)		
1024	DELRIDGE STREET					500	I Elline Place		
- ORL	\NDO-FL-32804				83		, , , , , , , , , , , , , , , , , , ,		
					84 City	ጎ. /.	70.1 d FL 85 Zip Code 32.9 / 3	,	
	607.050	2 60-	7 4500 Florido Statute	dha ab		////	oration submits this statement for the purpose of changing its registered	=	
office or	registered agent or both in the State	e of Florid	a. Such change was a	authorize	d by the c	orporati	tion's board of directors. I hereby accept the appointment as registered		
agent. I a	am familiar with, and accept the oblig	ations of,	section 607.0505, Flo	orida Sta	tutes.	•			
NATURE							quired when reinstation) DATE		
	Signature, typed or printed name of registered age				ered Agent sig	nature requ	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
	OFFICERS AN	AD DIKEC		13.		777			
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I hereby certify that the information supplied with this filling 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.