SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L52412 (8)

1. Corporation Name
THOMPSON & THOMPSON, INC.

Principal Place of Business
THOMPSON & THOMPSON TEXACO, INC
2510 BROADWAY
WEST PALM BEACH FL 33404

Mailing Address
THOMPSON & THOMPSON TEXACO, INC
2510 BROADWAY
WEST PALM BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0286796 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. The corporation has taxes for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 2510 BROADWAY
Suite, Apt. #, etc.
22
City & State
23 WEST PALM BEACH FL
Zip
24 33407
County
25 PALM BEACH

2a. Mailing Address
26 2510 Broadway
Suite, Apt. #, etc.
27
City & State
28 West PALM BEACH
Zip
29 FL 33407
County
30

9. Name and Address of Current Registered Agent
KUPFER, LAWRENCE M.
1700 UNIVERSITY DR
CORAL SPRINGS FL 33071

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	THOMPSON, LEWISTON	4480 OAK TERRACE DR	LAKEWORTH FL
D	THOMPSON, EDMUND	4480 OAK TERRACE DR	LAKEWORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2		E THOMPSON, NEW Address	7201 MICHIGAN ISLE RD	LAKEWORTH FL 33467	☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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)(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.

SIGNATURE: E H Thompson, E H THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6 24 95 Daytime Phone #: 407 832 9615

CR2E034 (3/95)

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