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 # **L52412** **(8)**

1. Corporation Name

THOMPSON & THOMPSON, INC.

Principal Place of Business	Mailing Address
2510 BROAD WAY **2510 BROADWAY** **WEST PALM BEACH FL 33407** **US**	**2510 BROADWAY** **2510 BROADWAY** **WEST PALM BEACH FL 33407** **US**

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

3. Date Incorporated or Qualified: **02/23/1990**

3a. Date of Last Report: **07/03/1995**

4. FEI Number: **65-0286796** ☐ 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

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: THOMPSON, E.H

82 Street Address (P.O. Box Number is Not Acceptable): 2510 BROADWAY

83

84 City: West Palm Beach **FL** 85 Zip Code: 33407

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: ✓ E. Thompson — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

DATE: ✓ 3-11-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, LEWISTON		1.2 NAME		
STREET ADDRESS	~~4480 OAK TERRACE DR~~		1.3 STREET ADDRESS	2510 BROADWAY	
CITY-ST-ZIP	~~LAKEWORTH FL~~		1.4 CITY-ST-ZIP	West Palm Beach, FL. 33407	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	THOMPSON, EDMUND		2.2 NAME		
STREET ADDRESS	7201 MICHIGAN ISLE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWORTH FL		2.4 CITY-ST-ZIP		33467
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: ✓ E. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3 11 96
Date

Daytime Phone #