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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L52412

1. Corporation Name

THOMPSON & THOMPSON, INC.

| Principal Place | e of Business | Mailing Address | | | | | | | | |
|---|--|--|--|---|-------------------------------|----------------------------------|----------------|-------------|-------------------------------------|-------------------------------------|
| 2510 BROAD WAY | | 2510 BROADWAY | | | | | | | | |
| 2510 BROADWAY | | 2510 BROADWAY | | | | | | | | |
| WEST PALM BEACH FL 33407 | | WEST PALM BEACH FL 33407 | | | L | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 02/23/1990 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | A | oplied For |
| 21 | | 26 | | | | - 65-0286796 | | | XΝ | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | * O | | | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certifcate of Status | Desired | | Fee R | equired |
| City & State | | City & State | | | | 6. Election Campaign | Financing | _ | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contrib | | | · | to Fees |
| Zip | Country | Zip | Count | irv | | 8. This corporation ov | | nt vear Ini | langible | |
| 一 · | | 29 3 | _ | • | ļ | Personal Property | | in your in | Yes | □No |
| 24 | 9. Name and Address of Current | | <u> </u> | | | 10. Name and Addres | | eaistered | | |
| | 9. Name and Address of Current | Registered Agent | — † | 31 N | lame | (* 1) · · |) | | | |
| THO | MPSON, E.H | | | `\\ | ioo | | 1 | }. | · · · · | 1 [†] |
| | BROADWAY | | ₹ | 32 S | treet Addres | s (P.O. Box Number is | Not Acceptal | ole) 🥇 | |] |
| | | | L | | | <u> </u> | | | | |
| WES | T PALM BEACH FL 33407 | | 18 | 33 | | | • | | | ļ |
| | | | - | 34 C | ity | | | | 85 Zip | Code |
| | · | | | 1 | | | | FL | • | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the abo | ve-na | med corpora | ation submits this stater | nent for the p | ourpose of | changing its | s registered |
| office or re | egistered agent, or both, in the State om familiar with, and accept the obligation | it Florida, Such change was aut ons of Section 607.0505. Florid | norized t la Statut | oy ine es. | corporation | s board of directors. In | ereby accept | trie appor | munem as it | gistered |
| | Translat With, the accept the congain | 5.10 5.1 555.3511 557 17575 1757.5 | | | | , | | | | |
| SIGNATURE | | | | | | | | | | } |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | egistered A | gent sign | nature required wi | nen reinstating) | | DATE | | |
| | Signature, typed or printed name of registered agent OFFICERS AND | | legistered A | gent sigr | nature required w | hen reinstating) ADDITIONS/CHANG | SES TO OFF | | ND DIRECTO | ORS IN 12 |
| 12. | OFFICERS AND | | | | nature required w | | SES TO OFF | | ND DIRECTO | DRS IN 12 |
| 12. | OFFICERS AND | DIRECTORS | 13. | E | nature required w | | SES TO OFF | | | |
| 12. TITLE NAME | D THOMPSON, EDMUND | DIRECTORS | 13. 1.1 TITL 1.2 NAM | E E | | | GES TO OFF | | | |
| 12. TITLE NAME STREET ADDRESS | D THOMPSON, EDMUND 7201 MICHIGAN ISLE ROAD | DIRECTORS | 1.1 TITU 1.2 NAM 1.3 STR | E E EET ADD | DRESS | | GES TO OFF | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, EDMUND | D DIRECTORS DELETE | 13. 1.1 TITU 1.2 NAM 1.3 STR | E E EET ADD | DRESS | | SES TO OFF | | · [Change | Addition |
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #