

FILED
May 03, 2004 08:00 AM
Secretary of State

Mailing Address
514 NE 40TH AVENUE
OCALA, FL 34470

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|----------------|
| 4. FEI Number 59-3621391 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, JOSEPH A
514 NE 40TH AVE.
OCALA, FL 34470

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IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS |
|-----|------------------------|
|-----|------------------------|

| | |
|-----------------|--------------------|
| TITLE | D |
| NAME | THOMPSON, JOSEPH A |
| STREET ADDRESS | 514 NE 40TH AVE. |
| CITY - ST - ZIP | OCALA, FL 34470 |

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1000-14000-12000-15000

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Thompson 4-29-2004 352-620-9218