

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P05609 (3)

1. Corporation Name
THOMPSON & BROCK MANAGEMENT, INC.



Principal Place of Business
PO BOX 15249
PANAMA CITY FL 32406

Mailing Address
PO BOX 15249
PANAMA CITY FL 32406-5249

3. Date Incorporated or Qualified
04/09/1985

3a. Date of Last Report
01/25/1996

4. FEI Number
48-0914649

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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

COX, DONALD W.
2406 RUTH HENTZ AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, GARY G.	1.2 NAME	
STREET ADDRESS	5322 GLENEAGLES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	1.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, ROMMIE H.	2.2 NAME	
STREET ADDRESS	2839 FEROL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COX, DONALD W.	3.2 NAME	
STREET ADDRESS	3009 BRIARCLIFF RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	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	

14. I do 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 furnished 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: DONALD W. COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 (404)763-7659
Date Daytime Phone

CR2E034 (9/96)