

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

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P24592 (8)

1. Corporation Name

W.L. THOMPSON CONSULTING ENGINEERS, INC.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

3475 LENOX RD., NE
SUITE 300
ATLANTA GA 30326

Mailing Address

3475 LENOX RD., NE
SUITE 300
ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

10/06/1994

4. FEI Number

58-1317589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of registered agent or person authorized to register agent and file this report

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, WILLIAM L.
STREET ADDRESS	25 MT. PARAN RD
CITY, ST, ZIP	ATLANTA GA
TITLE	VSD
NAME	BENSON, MARK E.
STREET ADDRESS	4610 BRIERWOOD PL
CITY, ST, ZIP	ATLANTA GA
TITLE	VD
NAME	POND, GEORGE EDWARD
STREET ADDRESS	3500 GLENEAGLES CT
CITY, ST, ZIP	LITHONIA GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	Terminated
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☒ Change ☐ Addition
10. NAME	VD
11. STREET ADDRESS	Pond, George Edward
12. CITY, ST, ZIP	70 CYPRESS POINTE
13. CITY, ST, ZIP	ALPHARETTA, Ga. 30202
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on this initial report or supplementary 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G. Edward Pond
G. Edward Pond

7-19-95 404-266-1400