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

DOCUMENT # P9300030152 (1) THOMSON CONSTRUCTION CORP.

Principal Place of Business

Mailing Address



FILED

97 JUL 28 PM 3: 36

SECRETARY OF STATE

| 14650 N. BECK DAVIE FL 3332 | | | 14650 N. BECKLEY SQ DAVIE FL 33325-3025 | | | | | |
|---|--|----------------------------|--|--|--------------------|---|--|---------------|
| | | | | | | 3. Date Incorporated or Qualified 04/22/1993 | 3a. Date of Last I | Report |
| 2. Principal P | lace of Business | 2a. Mailing Add | 2a. Mailing Address | | | 4. FEI Number | I A | pplied For |
| 21 | | 26 | 26 | | | 65-0399901 | | ot Applicable |
| Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CO 7E | Additional |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | 1 | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | Name Ba |
| 23 | | 28 | 28 | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Co | ountry | | B. This corporation has liability for intaggible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| THO | MSON BERNANDINE | | | 81 | Name | | | |
| | SO N. BECKLEY SQ. | | | | | | | |
| | IE FL 33325 | | B2 Street Add | | Street Add | ddress (P.O. Box Number is Not Acceptable) | | |
| PAT | 1 1 2 00020 | | | 83 | | | | |
| | · | | | | | | | |
| | | | | 84 | City | | FL 85 Zip | Code |
| 44 Durament | to the provisions of Continue COT | 0500 and 007 1500 Flar | do Ptatulas, the | | | | | |
| office or r | egistered agent, or both, in the St | ate of Florida. Such char | oa Statutes, me nge was authoriz | ed by | the corpora | poration submits this statement for the pi tion's board of directors. I hereby accep | urpose of changing t the appointment as | registered |
| 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 | | | | | | | | |
| 12. | Signature, typed or printed name of registered | | | | nt signature requi | red when reinstating) | DATE | |
| TITLE | D OFFICERS | AND DIRECTORS | LETE 1.1 | | | ADDITIONS/CHANGES TO OFFICE | | |
| | • | — ° | | TITLE | | | ∐ Change | ☐ Addition |
| NAME | THOMSON, BERNANDINE 14650 N. BECKLEY SQ | | 1.2 NAME | | | 2000022 | 50412 | 8 |
| STREET ADDRESS | | | 1.3 | STREET | ADDRESS | 2009022 | 701052 | 003 |
| CITY-ST-ZIP | DAVIE FL 33325 | | | CITY-S | T- ZIP | ***165 | | 65.00 |
| TITLE | | LIυ | ELETE 2.1 | TITLE | | | Change | Addition C |
| NAME | | | 2.2 NAM | | | | | |
| STREET ADDRESS | | | . 23 | STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 | I CITY - S | iT-ZIP | | | |
| TITLE | | □ 0 | LETE 3.1 | TITLE | | | ☐ Change | Addition |
| NAME | | | 3.2 | NAME | | | | ļ |
| STREET ADD ESS | | | 3.3 | STREET | ADDRESS | | | |
| CITY-ST-Z | | | 3.4, | . CITY-S | T-21P | | | |
| TITLE | | □ D | LETE 4.1 | TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 | NAME | | | | |
| STREET ADDRESS | | | 4.3 | STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 | CITY - ST | 1 - ZIP | | | |
| TITLE | | D | | TITLE | | | Change | Addition |
| NAME . | | | 5.2 | NAME | | | _ | |
| STREET ADDRESS | | | | | ADDRESS | | A)\ | |
| CITY-ST-ZIP | | | | CITY - S1 | | | // //) \ | } |
| TITLE | | D | | TITLE | C11 | | hange | Addition |
| NAME | | | | NAME | | 1 | | |
| STREET ADDRESS | | | | | ADDRESS | , | $\mathcal{M} \mathcal{M}$ | |
| i | | | | | | | <u> </u> | |
| CITY-ST-ZIP | ou certify that the information supp | slind with this flind does | | CITY-SI | | d in Section 110 07/2)(i) Elected State too | (f | 41- |

hital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that with report is true and accurate and that my signature shall have the same legal effect as if made under oath; that with rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name trachment with an address. information indicated I am an officer or dise appears in Block 12 c

THOMSON CONSTRUCTION CORPORATION

P).V

License #CGC 014564
General Contractor
Residential/Commercial/Industrial

14650 N. Beckley Sq. Davie, Florida 33325 305-370-1230

7-9-97

plear hs. Sellers,

I on in receipt of your letter, dated

July 2. 1997, ord my returned check for

416500.

Was out of the State for three

Warths due to tobely clears and when

returned I fift in the check immediately.

Perfectly appreciate ony.

Consideration that could be given to me,

upder the eineums tox eis, in this matter.

Gerardine Honson