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

PROFIT CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000035109 1. Corporation Name

THOMPSON AGGREGATE & MATERIALS CO., INC.

FILED

Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90044 010 ***150.00



	·						
Principal Plac	ce of Business .	Mailing Address			1 (85)(85) (10) (6) (10) (10) (10))	
1403 CLEVELAND ST.		PO BOX 404	·				
TAMPA FL 33606		TAMPA FL 33601	* *		·		
171M1 71 12 000		US			DO NOT WRITE I	N THIS SPACE	
					Date Incorporated or Qualifed		ł
					05/14/1993		
2. Principal P	Place of Business .	2a, Mailing Address			4. FEI Number	Ap	oplied For
21		26	26		59-3181030	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	-May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	a. This corporation owes the current	year Intangible	:
24	25	29	30		Personal Property Tax.	☐ Yes	□No
24	g. Name and Address of Curre		11		10. Name and Address of New Regi	stered Agent	
**		Jan 1977	8	1 Name			
THO	IMPSON TAMIY		_				<u> </u>
	3 CLEVELAND ST.	HAS OLL VI	8	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	MPA FL 33606		8	3	* 138 (138 142 143 143 143 143 143 143 143 143 143 143	An Andrews	1322 Y 132
	,			1	· 群門相談計劃的報酬報	排發的性。因為他	静脉剂
			8	4 City		85 Zip	Côde * ` ` * ''
A year on the tree	num o :	151 54 c C			poration submits this statement for the pur	pose of changing its	registered
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, F	Florida Statute	es.	ion's board of directors. I hereby accept the		
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, F	TE: Registered Ag	es.	ed when reinstating)	DATE	
agent. I a SIGNATURE 12.	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	TE: Registered Ac	ent signature require	ed when reinstating):	DATE	
agent. I a SIGNATURE 12.	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pations of, Section 607.0505, F	TÉ: Registered Ag	gent signature require	ed when reinstating)	DATE ERS AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. ΠΠΕ NAME	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y	pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	TE: Registered Ag 13. 1.1 TITLE 1.2 NAM	gent signature require	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST.	pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	TÉ: Registered Ag 13. 1.1 TITLE 1.2 NAM 1.3 STRE	ent signature require E E ET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y	pations of, Section 607.0505, Figers and title if applicable. (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ent signature require E E ET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO ☐ Change	ORS IN 12
Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST.	pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY. 2.1 TITLE	ent signature requir	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST.	pations of, Section 607.0505, Figers and title if applicable. (NO ND DIRECTORS	TE: Registered Ag	ent signature requir	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO ☐ Change	ORS IN 12
Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figers and title if applicable. (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	est signature require E EET ADDRESS -ST-ZIP E E EET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO ☐ Change	ORS IN 12
agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figert and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ent signature requir E E ET ADDRESS -ST-ZIP E E EET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change	DRS IN 12 Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figers and title if applicable. (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	es. gent signature requir E E ET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO ☐ Change	ORS IN 12
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figert and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered Ag	es. gent signature require E E E ET ADDRESS -ST-ZIP E E ET ADDRESS /-ST-ZIP E	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change	DRS IN 12 Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figure and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	es. gent signature require E E E ET ADDRESS -ST-ZIP E E ET ADDRESS /-ST-ZIP E E ET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change	DRS IN 12 Addition
Agent. 1 a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figerit and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY	es. gent signature require E E ET ADDRESS -ST-ZIP E E ET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figure and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	es. gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change	DRS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figerit and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY	es. gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figerit and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	es. gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pent and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	pent signature require E E E E E E E E E E E E E E E E E E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figert and title if applicable. (NO ND DIRECTORS DELETE DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE	pent signature require E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pent and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY	pent signature require E E E E E E E E E E E E E E E E E E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pent and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3 STRE 6.3 STRE 6.4 CITY 6.1 TITLE 6.5 NAMI 6.5 STRE	pent signature require E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pent and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	pent signature require E E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pent and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAW 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	pent signature require E E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E-ET ADDRESS -ST-ZIP E E-ET ADDRESS -ST-ZIP E E-ET ADDRESS	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP THOMPSON, TAMI Y 1403 CLEVELAND ST. TAMPA FL 33606	pations of, Section 607.0505, Figert and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	TE: Registered Ag 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 STRE 5.4 CITY 5.1 STRE	pent signature require E E EET ADDRESS -ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition Addition

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 reportor supplemental agrued reports 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 comporation or the receiver or trusteel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attackment with advaderss, with all other like empowered.

SIGNATURE