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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047524 (2)

THOMSON HOMES, INC.

171	OMSON HOMES, INC.				
Principa	Il Place of Business	Mailing Address			I BEBUL UBBUH BULUH ISBUL DEBE UBBU
	ANIA ST	6046 DANIA ST			
PALM BCH GDNS FL 33418		PALM BCH GDNS FL 33418		DO NOT WRITE IN TH	110 0PACE
US		US		3. Date Incorporated or Qualified	113 ST AUL
				06/29/1993	
2. Prince	ipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0435174	Not Applicable
	. Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
	& State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	······································
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Register	red Agent
	THOMSON, LORI A		81 Name		
	825 PKWY PLAZA		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	SUITE 7		oz Silest Addie	ess (1.0. box Number is Not Acceptable)	
	JUPITER FL 33477		B3		
					las St. O. d.
			B4 City	F	EL 85 Zip Code
11. Purs	suant to the provisions of Sections 607	0502 and 607.1508, Florida Statutes	the above-named corpo	oration submits this statement for the purpos	e of changing its registered
offic age	ce or registered agent, or both, in the S int. I am familiar with, and accept the o	State of Florida. Such change was au Ibligations of, Section 607,0505, Flori	ithorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
SIGNAT	•				
SIGNAT	Signature, typed or printed name of registere	d agent and title if applicable (NOTE	Registered Agent signature require	d when reinstating) DA1	t .
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TETLE	PTD	DELETE	1.1 TITLE V	TD ,	Change Addition
NAME	THOMSON, LORI		1.2 NAME	Honson, Lori	
STREET ADO			1.3 STREET ADDRESS	Shay Ph	
CITY-ST-Z			1.4 CITY-ST-ZIP	equesta, FL 38469	
TITLE	VSD	☐ DELETE	2.1 TITLE D	5 D	Change Addition
NAME	THOMSON, STEVEN		2.2 NAME	HOMEON STEVEN	·
STREET ADO	DRESS 10 SHAY PL		2.3 STREET ADDRESS	n Shave Place.	
CITY-ST-Z	IP TEQUESTA FL 33469		2. 4 CITY - ST - ZIP	Homson, Steven o Shay Place requesta, pc. 38469)
TITLE		☐ OELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADE	DRESS		3.3 STREET ADDRESS		
CITY-ST-ZI	iP		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADD	DRESS		4.3 STREET ADDRESS		
CITY-ST-ZI	iP		4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADO	DRESS		5.3 STREET ADDRESS		
CITY-ST-ZI	IP		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADD	DRESS		6.3 STREET ADDRESS		

CITY-ST-ZIP

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 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 composition 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 13tif chapted, or or an attachment with an address.

Slock 12 or Block 13 lit charged, or or any attachment with an address