

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050791 (1)

1. Corporation Name

THOMPSON SALES GROUP, INC.



Principal Place of Business

2700 EVANS AVE
STE - 2
FT MYERS FL 33901
US

Mailing Address

2700 EVANS AVE
STE - 2
FT MYERS FL 33901
US

3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2619 Katherine Street

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Ft. Myers, FL 33901

Zip

24 33 901

Country

25 USA

2a. Mailing Address

26 2619 Katherine Street

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Ft. Myers, FL 33901

Zip

29 33901

Country

30 USA

4. FLI Number

65-0435188

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

9. Name and Address of Current Registered Agent

THOMPSON, WAYNE

~~2700 EVANS AVE~~ 2619 Katherine Street
STE - 2 01
FT MYRS FL 33901

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

M. Wayne Thompson

M. Wayne Thompson

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS THOMPSON, WAYNE
CITY-ST-ZIP ~~2700 EVANS AVE / STE - 2~~
FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2619 Katherine Street # 201
1.4 CITY-ST-ZIP Ft. Myers, FL 33901

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), Florida Statutes. I further certify that the information indicated 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:

M. Wayne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

941-332-0446

Daytime Phone #

CR2E034 (12/95)