

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. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG -3 AM 11:09

DOCUMENT # P93000078231 (6)

1. Corporation Name

THOMPSON AEROMOTIVE, INC.

Principal Place of Business

4241 CORPORATE SQ BLVD  
NAPLES FL 33942  
US

Mailing Address

4241 CORPORATE SQ BLVD  
NAPLES FL 33942  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

06/30/1994

4. FEI Number

65-0450536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 100.032,  
Florida Statutes

Yes

No

A

2. Principal Place of Business

2a. Mailing Address

21 62 FOUNTAIN CIRCLE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NAPLES FL

27

City & State

City & State

23 Zip

33942

24 Country

U.S.A.

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

THOMPSON, CHESTER  
4241 CORPORATE SQ BLVD  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

CHESTER THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)

62 FOUNTAIN CIRCLE

83

84 City

NAPLES

FL

85 Zip Code

33942

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

(Printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | P                 |
| NAME            | THOMPSON, CHESTER |
| STREET ADDRESS  | 62 FOUNTAIN CIR   |
| CITY - ST - ZIP | NAPLES FL         |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
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| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, unchanged, or in an attachment with an address.

SIGNATURE:

(Printed name and typed or printed name of signing officer or director)

Date

Signature (Name)