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 # P93000086344 (7)

THOMPSON AUTOMOTIVE, INC.

Principal Place of Business Mailing Address								
816 31ST AVENUE WEST BRADENTON FL 34206 BRADENTON FL 34206								
					3. Date Incorporated or Qualified 12/17/1993	3a. Date of 09/27/1		eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Ap	plied For
21		26			65-0592290			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing			May Be
23		28 Zin	Country		Trust Fund Contribution		Added t	
24	25	29	30	,	This corporation has liability for i Florida Statutes	ntangible tax t]Yes ☐ No		. 199.032,
<u> </u>	9. Name and Address of C				10. Name and Address of New Re	gistered Ager	nt	
THOI	MPSON, EARL		81	Name				
816 3	31ST AVENUE WEST		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
BRAI	DENTON FL 34205		83	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			84	City		 85	Zip '	Code
L			İ	1		PL		
office or re	egistered agent, or both, in the	07.0502 and 607.1508, Florida State State of Florida. Such change was obligations of, Section 607.0505, f	s authorized b	v the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of cha- it the appointn	nging it nent as	s registered registered
OIGHZTOTE.	Signature, typed or printed name of regist			ent signature re	equired when reinstating)	DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTSD	DELETE	1.1 TITLE			ا ليا	Change	Addition
NAME	THOMPSON, EARL		1.2 NAME	į.				
STREET ADDRESS	816 31ST AVENUE WEST			T ADDRESS				
DITY-ST-ZIP TITLE	BRADENTON FL 34205	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		— п	Change	Addition
NAME		L.J. Officia	2.2 NAME				ogo	
STREET ADDRESS		ii.		T ADDRESS				
CITY-ST-ZIP			2.4 CITY	- 1				
TITLE		DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS		1.1		
CITY-ST-2IP			3.4. CITY	ST-ZIP				1
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
C(1Y+SI+ZIP			4.4 CITY-					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADORESS				T ADDRESS				
CITY - ST - ZIP		DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
TITLE NAME			6.1 THE			L	endulfic	had nouncell
,				T ADDRESS				•
STREET ADDRESS								
14. I do heret	L by certify that the information s	upplied with this filing does not au	6.4 CITY- alify for the ex	emption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further cer	tify that	the
informatio	on indicated on this annual repo Ifficer or director of the corpora	ort or supplemental annual report is	s true and accommon to execute to the structure of the st	curate and t	that my signature shall have the same lega port as required by Chapter 607, Florida S	ıl effect as if m	iade un	der oath; that

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

941-745-1344

FILED

Feb 12 1997 8:00am

Secretary of State