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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000087955 (9)**

1. Corporate Name
ROBERT THOMPSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5505 CHIQUITA BLVD CAPE CORAL FL 33914	5505 CHIQUITA BLVD CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1993**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0457058**	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
8. Does corporation owe any Florida taxes? ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
State Abbreviation (22)	State Abbreviation (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

THOMPSON, ROBERT L
5505 CHIQUITA BLVD.
CAPE CORAL FL 33914

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 Section 607.0502 and/or 150A, 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
Title	DPTS	Title	☐ Change ☐ Addition
Name	THOMPSON, ROBERT L	Name	
Street Address	5505 CHIQUITA BLVD.	Street Address	
City-St-Zip	CAPE CORAL FL	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	THOMPSON, MARILYN O	Name	
Street Address	5505 CHIQUITA BLVD.	Street Address	
City-St-Zip	CAPE CORAL FL 33914	City-St-Zip	
Title	DV	Title	☐ Change ☐ Addition
Name	THOMPSON, STEVEN A	Name	
Street Address	525 15TH TERRACE SW	Street Address	
City-St-Zip	CAPE CORAL FL	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	THOMPSON, ANNA S	Name	
Street Address	525 15TH TERRACE SW	Street Address	
City-St-Zip	CAPE CORAL FL 33991	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I/We 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)(i), 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: Robert Thompson, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. THOMPSON

4/30/95 Date

(813) 542-5530 Daytime Phone #

0333849 CP