

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 # P93000087955 (9)

1. Corporation Name

ROBERT THOMPSON & ASSOCIATES, INC.



Principal Place of Business

5505 CHIQUITA BLVD.
CAPE CORAL FL 33914

Mailing Address

5505 CHIQUITA BLVD.
CAPE CORAL FL 33914

3. Date Incorporated or Qualified
12/17/1993

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0457058

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
THOMPSON, MARILYN O
5505 CHIQUITA BLVD.
CAPE CORAL FL 33914

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
THOMPSON, STEVEN A
525 15TH TERRACE SW
CAPE CORAL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
THOMPSON, ANNA S
525 15TH TERRACE SW
CAPE CORAL FL 33991

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (941) 542-5530

Date

Daytime Phone

CR2E034 (12/95)