

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027363 (8)

1. Corporation Name

THOMPSON-FELT AUTO BROKERS, INC.

Principal Place of Business

**445 DOUGLAS AVE
SUITE 2205J
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**445 DOUGLAS AVE
SUITE 2205J
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1984

3a. Date of Last Report

IN.T.A.L.

4. FEI Number

593227170

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THOMPSON, RODNEY K
445 DOUGLAS AVE
SUITE 2205J
ALTAMONTE SPRINGS FL 32714**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	THOMPSON, RODNEY K
STREET ADDRESS	445 DOUGLAS AVE., SUITE 2205J
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	PD
NAME	FELT, CHARLES F JR.
STREET ADDRESS	445 DOUGLAS AVE., SUITE 2205J
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VD
NAME	FELT, FRANCESCA L
STREET ADDRESS	445 DOUGLAS AVE., SUITE 2205J
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VD
NAME	THOMPSON, KIMBERLY
STREET ADDRESS	445 DOUGLAS AVE., SUITE 2205J
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
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	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
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 110.07(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 addressee.

SIGNATURE:

Charles F. Felt Jr.
SIGNING OFFICER OR DIRECTOR

CHARLES F. FELT JR

14 APR 95 407-788-9085