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

PROFIT CORPORATION ANNUAL REPORT



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

1. Corporation Name

DOCUMENT # P95000019571 (5)

THOMPSON & GRAY REALTY SERVICES, INC.

Principal Place of Business Mailing Address						i jamilanu sim saini atses anshi ahiu	4 8 8) (1 8 8 (8) ()	### ### ###	/ IEBO 1191 1891	
2525 9TH ST N 2525 9TH ST N ST PETERSBURG FL 33704 ST PETERSBURG			FL 33704							
					•	3. Date Incorporated or Qualified 03/06/1995	3a. Dal	le of Last F	Report	
 1	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21]		26				59-3301272)		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees	
Zip 24	25 29 30		Countr	/		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 🔀 Yes 🔲 No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered	Agent		
77101100			81	Nam	e					
THOMPSON, DENNIS L 2525 9TH ST N			82	Stree	et Address	(P.O. Box Number is Not Accepta	ble)			
ST PETE	RSBURG FL 33704		83	1					· · · · · · · · · · · · · · · · · · ·	
			84	City			FI	85 Zi	ip Code	
or register	to the provisions of Sections 607.05 od agent, or both, in the State of Figh, and accept the obligations of, Se	onda. Such change was authori	zed by the con	named poration	corporation's board o	on submits this statement for the pu of directors. I hereby accept the app		anging its a segistered	registered office d agent. I am	
SIGNATURE	and and addopt and doingstone on de	octori cor.cooo, ribilda Statute	ప.							
SIGNATORE:	Signature, typed or printed name of registered ag	ont and title if applicable. (N	OTE: Rigistered Age	nt Signatur	o required wh	nen reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS ANI	DIRECTO	DRS IN 12	
TITLE	D	☐ DELETE	1. 1 TITLE					☐ Change	☐ Addition	
NAME	THOMPSON, DENNIS L 2525 9TH ST N		1.2 NAME	1.2 NAME						
STREET ADDRESS	ST PETERSBURG FL 33704	, i		1.3 STREET ADDRESS						
CITY-ST-ZIP	31 FETENSBURG FL 33/04			1.4 CHY-ST-7IP						
TITLE NAME				2 1 11TLE				Change	Addition	
			2 2 NAME		_					
STREET ADDRESS			2 3 STREET ADDRESS 2 4 City-St-Zip		5					
CITY-ST-ZIP TITLE		□ DELETE	DELFTE 3 1 TITLE					☐ Change	[Addition	
NAME		[] bree it		3 2 NAME				Unange	Addition	
STREET ADDRESS			3.3 STREE	1 ADDDEC						
CITY-ST-ZIP			3.4 CITY -		°					
TITLE		DELETE	4. 1 TIFLE	51-20	- -			Change	Addition	
NAME			4.2 NAME		1		,		7,00,000	
STREET ADDRESS			4.3 \$1REF	4008555						
CITY-ST-ZIP			4.4 CITY - 1		í					
TITLE		DELETE	5 1 TITLE	,, ,,,				Change	Addition	
NAME			5 2 NAME				•		المستحدد المبيو	
STREET ADDRESS			5.3 STREET	ADDRESS	,					
CITY-ST-ZIP			5.4 CITY-5							
TITLE		DELETE	6 1 TITLE		- 			Change	[] Addition	
NAME			62 NAME				•	_		
STREET ADDRESS			63 STREE	ADDRESS	5					
CITY_\$T_7IP			5.4079.4	7 7.0						

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), Fiorida 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 12 if charted, or on an attachment with an address.

SIGNATURE:

Daytini∈ Phone #