FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027484 (1)

THOMPSON LEIGH BUILDERS, INC.

,	Mailing Address	TREET	····						
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441				DO NOT WRITE IN THIS SPACE					
				-	3. Date Incorporated or Qualified		77.102	·	
					04/06/1995				
2. Principal Place of Business 2	a. Mailing Address				4. FEI Number		Ap	plied For	
21 26 Suite Apt # etc					65-0572951			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 A		
City & State	City & State				6. Election Campaign Financing		\$5.00		
23 28			· · · -		Trust Fund Contribution	_Ц	Added 1		
Zip Country	Zip Count				8. This corporation owes or has paid the current year Intangible				
	25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
}	TOTOL AGOIN	8	1 Name		U. Harris and Radices of Now He	giatorau r	- Gori		
CLIMENHAGE, RANDY P 1249 SOUTHEAST 8TH STREET		L		 -			 		
DEERFIELD BEACH FL 33441			2 Street	Address	dress (P.O. Box Number is Not Acceptable)				
DEERFIELD DEADTH FL 33441		8	3						
			4 0				Tea T == 7	2.1.	
		٥	4 City			FL	85 Zip (Code	
Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Floragent. I am familiar with, and accept the obligations. SIGNATURE Signature, typed or printed name of registered agent and till	rida. Such change was a of, Section 607.0505, Flo	uthorized l orida Statut	by the corp es.	poration*	s board of directors. I hereby acce	ourpose of pt the appo	changing its	s registered registered	
Signature, typed or printed name or registered agent and til		:: Hogistered A				D. A. Then			
19 OFFICERS AND DIRE		13	gent signature	w beniupen	hen reinstating)	DATE CERS AND	DIRECTOR	S IN 12	
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14. I hereby certify that the information supplied with this filing 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

1-28-18 954-629-6504

FILED

Feb 04 1998 8:00am

Secretary of State