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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032271 (5)

THOMPSON CONSORTIUM, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				i ibaitadi ita untat attit ingit datit datit datit	1010 HILL		TAR TIME CONT
202 HWY 90 E	HOT 4042 Scenic	30-9 RD BOX 1254- 9	40425	scenç3	0-14				
DESTIN FL-02	sm Seaarove Bcl	1., F. DESTIN FL 82540 SC	eagrol	vebchij	41'			~=	
06-	Mailing Address Have so EAST 4042 Scenic 30-A BOLBOX 1254 50-BOX 1254 4042 Scenic 30-A BOLBOX 12540 Seagrove Bch., Fl. BOLBOX 12540 Seagr					DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 04/18/1995 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26				59-3310968			ot Applicable
Suite, Apt. :	#, e tc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	untry		8. This corporation owes or has paid	_	•	
24	25] 9. Name and Address of Cu	29	30	γ		Personal Property Tax due June 30 Name and Address of New Regis			_] No
TUC		Hent Legistered Agent		81 Name		IU. Maille and Address of New Hegis	PIGIOU AGO	m .	
	OMPSON, VIRGIE W 3-INDIAN-TRAIL 210	Swet at Trail		- Namo					
	STINFL 32541 Frees	Sunset Trail ont, Fl. 32439	1		Address	(P.O. Box Number is Not Acceptable) 		
	•		-	63					
				84 City			FL®	5 Zip	Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	tutes, the a	bove-named (corpora	tion submits this statement for the pur			ts registered
office or re		tate of Horida Such change wa	as authorize	d by the corp		s board of directors. I hereby accept t			
	The rest with the decope the of	original at , evener ber .esse,	rionou cita	tutos.					
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable (f	NOTE: Registers	ed Agent signature	required w	hen reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTOF	RS IN 12
TITLE	Р	DELETE	1.1 T	ITLE				Change	Addition
NAME	THOMPSON, VIRGIE W	insured Toni	1.2 N	AME					
STREET ADDRESS	4013 INDIAN TRAIL 2	105 unset Traineeport, Fl. 3243	1.3 \$	TREET ADDRESS					
CITY-ST-ZIP	DESTIN FL 32541 +Y	eeportiti 3243	1.40	ITY-ST-ZIP					
TITLE	▼	☐ DELETE	2.1 1	πL€				Change	Addition
NAME	THOMPSON, GILES M	C. LI TAN	2.2 N	AME					
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NAME CTREET ADDOCCO			4.21						
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 C	ITY-ST-ZIP				Change	Addition
NAME			5.2 N	į.			ب	- millo	
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		DELETE	6.1 TI					Change	☐ Addition
NAME			6.2 N					•	-
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP					
14. I hereby c	ertify that the information supplie	d with this filing does not qualif	y for the ex-	emption stated	d in Sec	tion 119.07(3)(i), Florida Statutes. I fur	ther certify	that the	information
officer or o	director of the cornectation or the	receiver or trustee empowered:	accurate an to execute l	d that my sign this report as	nature s requirer	hall have the same legal effect as if m d by Chapter 607, Florida Statutes; an	ade under o d that onv n	bath; tha ame an	at I am an pears in
Block 12 c	or Block 13 if changed, or on an	attachment with an address.			-1 5		50)		
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