

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 # P95000033854 (7)

Corporation Name

L.A. THOMPSON, INC.



Principal Place of Business

4218 MUSTANG ROAD
MIDDLEBURG FL 32068

Mailing Address

4218 MUSTANG ROAD
MIDDLEBURG FL 32068

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

Country

30

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

59-3313266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THOMPSON III, LEIGH A
4218 MUSTANG ROAD
MIDDLEBURG FL 32068

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

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-appointing

DATE

OFFICERS AND DIRECTORS

ADDRESS	D THOMPSON III, LEIGH A 4218 MUSTANG ROAD MIDDLEBURG FL	<input type="checkbox"/> DELETE
ZIP		
ADDRESS	D THOMPSON, VALERIE E 4218 MUSTANG ROAD MIDDLEBURG FL	<input type="checkbox"/> DELETE
ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ZIP		
ADDRESS		<input type="checkbox"/> DELETE
ZIP		

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I 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 if changed, or on an attachment with an address.

SIGNATURE:

X Leigh A Thompson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

3581082

Date

Electronic Filing #

CR2E034 (12/95)