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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033345 (5)

G. DONALD THOMSON, P.A.

Principal Place of Business Mailing Address 3461 BONITA BAY BLVD. SUITE 204 3461 BONITA BAY BLVD. SUITE 204 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 40020-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 65-0658610 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 34134 Personal Property Tax due June 30. Yes ☐ No 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMSON, KIMBERLY B 3461 BONITA BAY BLVD, SUITE 204 R2 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 34134** 83 Zip Code 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typod or printed name of registered agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 31TLE TITLE 1.2 NAME THOMSON, GEORGE D JR NAME 26917 MCLAUGHLIN BLVD 1.3 STREET ADDRESS STREET ADDRESS 21p Code Only -**BONITA SPRINGS FL 33923** 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4, CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-S1-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath; 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.