

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033345

1. Corporation Name

G. DONALD THOMSON, P.A.

Principal Place of Business

3461 BONITA BAY BLVD. SUITE 204
BONITA SPRINGS FL 34134
US

Mailing Address

3461 BONITA BAY BLVD. SUITE 204
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

21 3461 Bonita Bay Blvd.

2a. Mailing Address

26 3461 Bonita Bay Blvd.

Suite, Apt. #, etc.

22 Suite 220

Suite, Apt. #, etc.

27 Suite 220

City & State

23 Bonita Springs, FL

City & State

28 Bonita Springs FL

Zip

24 34134

Country

25 US

Zip

29 34134

Country

30 US

9. Name and Address of Current Registered Agent

THOMSON, KIMBERLY B
3461 BONITA BAY BLVD, SUITE 204
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0658610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3461 Bonita Bay Blvd. Suite 220

83

84

Bonita Springs

FL

85

34134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D THOMSON, GEORGE D JR
STREET ADDRESS
26917 MCLAUGHLIN BLVD
CITY-ST-ZIP
BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres

Date

3/3/99

Daytime Phone #

941-498-6222

CR2E034 (1/98)

04602960

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 030 ***150.00

