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May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068113 (5)

1. Corporation Name  
THOMPSON'S PRODUCE COMPANY

Principal Place of Business  
FLORIDA/ALABAMA/MISSISSIPPI  
9 CLARINDA LANE  
PENSACOLA FL 32505  
US

Mailing Address  
FLORIDA/ALABAMA/MISSISSIPPI  
9 CLARINDA LANE  
PENSACOLA FL 32505  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/12/1996

4. FEI Number  
59-3397942

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, MICHAEL L  
4300 BAYOU BLVD  
SUITES 12 & 13  
PENSACOLA FL 32503

81 Name

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

83

84 City

FL

85 Zip Code

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 THOMPSON, PRESTON  
STREET ADDRESS 9 CLARINDA LANE  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ DELETE  
NAME THOMPSON, CONNIE  
STREET ADDRESS 9 CLARINDA LANE  
CITY-ST-ZIP PENSACOLA FL 32505

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 THOMPSON, PRESTON  
1.3 STREET ADDRESS 9 CLARINDA LANE  
1.4 CITY-ST-ZIP PENSACOLA, FL 32505

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME THOMPSON, CONNIE  
2.3 STREET ADDRESS 9 CLARINDA LANE  
2.4 CITY-ST-ZIP PENSACOLA, FL 32505

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME SHARON L. THOMPSON  
3.3 STREET ADDRESS 9 CLARINDA LANE  
3.4 CITY-ST-ZIP PENSACOLA, FL 32505

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME BOBBY W. THOMPSON  
4.3 STREET ADDRESS 9 CLARINDA LANE  
4.4 CITY-ST-ZIP PENSACOLA, FL 32505

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME LISA A. STOKES  
5.3 STREET ADDRESS 9 CLARINDA LANE  
5.4 CITY-ST-ZIP PENSACOLA, FL 32505

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME LAWRENCE T. STOKES  
6.3 STREET ADDRESS 9 CLARINDA LANE  
6.4 CITY-ST-ZIP PENSACOLA, FL 32505

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (850) 438-6993  
Date Daytime Phone # 0511804

CR2E034 (10/97)