

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Stacy B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

4/11/11/20
FILED
May 22 1998 8:00am
Secretary of State

DOCUMENT # P96000077554 (9)

1. Corporation Name

THOMPSON MANAGEMENT COMPANY



Principal Place of Business

**411 PALM VIEW CT
NAPLES FL 34110**

Mailing Address

**411 PALM VIEW CT
NAPLES FL 34110**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1010 CENTRAL AVE.**

Suite, Apt. #, etc.

22 **% Thompson Mgmt.**

City & State

23 **Naples F**

Zip

34102

Country

25 **Collier**

2a. Mailing Address

26 **1010 CENTRAL AVE.**

Suite, Apt. #, etc.

27 **% Thompson Mgmt.**

City & State

28 **Naples FL**

Zip

34102

Country

30 **Collier**

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

59-3438013

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

**STEWART, DEBORAH A
865 5TH AVE S
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name

RICHARD G. Thompson

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

1010 CENTRAL AVENUE

83

% Thompson Management

84 City

Naples

85

Zip Code

FL 34102

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

Kim E. Guiliando

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Bullard Treasurer 5/19/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D THOMPSON, RICHARD G**
STREET ADDRESS **411 PALM VIEW CT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ DELETE
NAME **Kim E. Guiliando**
STREET ADDRESS **1010 CENTRAL AVENUE**
CITY-ST-ZIP **Naples FL 34102**

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
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; that I am the person 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 as an attachment with an address.

SIGNATURE

Kim E. Guiliando

CR2E034 (10/97)