

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90008 042 ***158.75

031420

DOCUMENT # P97000012770

1. Corporation Name

RHODALINE N. FRANCE THOMPSON, INC.

Principal Place of Business

1450 SPANISH OAK WAY
WELLINGTON FL 33414

Mailing Address

1450 SPANISH OAK WAY
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

65-0729817

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 12230 FOREST HILL BLVD.
Suite, Apt. #, etc.

22 SUITE 110 H
City & State

23 WELLINGTON, FLORIDA

Zip Country

24 33414 25 USA

2a. Mailing Address

26 12230 FOREST HILL BLVD.
Suite, Apt. #, etc.

27 SUITE 110 H
City & State

28 WELLINGTON, FLORIDA

Zip Country

29 33414 30 USA

9. Name and Address of Current Registered Agent

THOMPSON, RHODALINE N FR
1450 SPANISH OAK WAY
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

THOMPSON, RHODALINE N. FRANCE

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

12230 FOREST HILL BOULEVARD

83

SUITE 110 H

84 City

WELLINGTON

FL

85 Zip Code

33414

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. NOTE: CHANGE OF ADDRESS FEBRUARY 16, 1999

SIGNATURE

Rhodaine N. France Thompson (PRESIDENT/CEO/BOARD DIRECTOR)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE PCEO ☐ DELETE

NAME THOMPSON, RHODALINE N FR
STREET ADDRESS 1450 SPANISH OAK WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO/DO ☒ Change ☐ Addition

1.2 NAME THOMPSON, RHODALINE N. FRANCE THOMPSON

1.3 STREET ADDRESS 12230 FOREST HILL BLVD. SUITE 110 H.

1.4 CITY-ST-ZIP WELLINGTON, FLORIDA 33414

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 like empowered.

SIGNATURE:

Rhodaine N. France Thompson

Date

Daytime Phone #

DAYTIME PH (617) 91-3533

CR2E034 (11/98)