

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 90116 045 \*\*\*150.00

DOCUMENT # **P97000024511**

1. Corporation Name  
**THOMPSON BUSINESS CONSULTING, INC.**



Principal Place of Business

**2694 D. NORTH ALBATROSS ROAD  
DELRAY BEACH FL 33444**

Mailing Address

**2694 D. NORTH ALBATROSS ROAD  
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/17/1997**

4. FEI Number

**65-0751882**

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

2. Principal Place of Business

21 **900 W. LINTON BLVD**

2a. Mailing Address

26 **900 W. LINTON BLVD.**

Suite, Apt. #, etc.

22 **200**

Suite, Apt. #, etc.

27 **200**

City & State

23 **DELRAY BEACH, FL**

City & State

28 **DELRAY BEACH, FL**

Zip

24 **33444**

Country

25 **USA**

Zip

29 **33444**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**THOMPSON, MICHAEL D  
2694 D. NORTH ALBATROSS ROAD  
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

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

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

**MICHAEL THOMPSON, PRESIDENT**  
(NOTE: Registered Agent signature required when reinstating)

**1/9/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **THOMPSON, MICHAEL D**  
STREET ADDRESS **2694 D. NORTH ALBATROSS ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **STD** ☐ DELETE

NAME **THOMPSON, MATTHEW D**  
STREET ADDRESS **7101 DRYDEN COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL 33462**

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 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:

*Michael Thompson* **MICHAEL THOMPSON** **1/9/99** (SD) No 2996

CR2E034 (11/98)