


2-9-98 D1132C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000032944 (5)**

1. Corporation Name

**THOMPSON-MONTGOMERY CAPITAL CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6620 SOUTHPOINT DRIVE SOUTH SUITE 600 SOUTHPOINT BUILDING JACKSONVILLE FL 32216	Mailing Address 6620 SOUTHPOINT DRIVE SOUTH SUITE 600 SOUTHPOINT BUILDING JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified <b>04/10/1997</b>	
4. FEI Number <b>59-3448750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent	
THOMPSON, CHARLES M 6620 SOUTHPOINT DRIVE SOUTH SUITE 600 SOUTHPOINT BUILDING JACKSONVILLE FL 32216	


10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, CHARLES M</b>	1.2 NAME	<b>Mitchell R. Montgomery</b>
STREET ADDRESS	<b>6620 SOUTHPOINT DRIVE SOUTH, 600</b>	1.3 STREET ADDRESS	<b>6620 Southpoint Drive S., #600</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, Fl. 32216</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Charles M. Thompson, Jr.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6620 Southpoint Drive S., #600</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Jacksonville, Florida 32216</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Kathy A. Sharpe</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6620 Southpoint Drive S., #600</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Jacksonville, Fl. 32216</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Sheila B. Collins</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6620 Southpoint Drive S., #600</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Jacksonville, Florida 32216</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE:  2/1/98

CR2E034 (10/97)