**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700032944

1. Corporation Name

THOMPSON-MONTGOMERY CAPITAL CORP.

r micipai i iace	of Business	Mailing Address			
1301 RIVERPLAC	E BLVD.	1301 RIVERPLACE BLVD.			
SUITE 2130 SUITE 2130					DO NOT WRITE IN THIS SPACE
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207			3. Date Incorporated or Qualifed
					1 1
		D. Maillian Address			04/10/1997 4. FEI Number Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			, <del>                                    </del>
21		26			59-3448750   Not Applicable   \$8.75 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
22	<u></u>	27		-	
City & State		City & State		•	6-Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	0	28 Zin	Count	Th/	
Zip	Country	Zip	_	ı y	8, This corporation owes the current year Intangible Personal Property Tax. ☐ Yes   ☑ No
24	25	29 30	<u>)                                    </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	-	1 Name	10. Name and Address of Not Hogistella Agent
THO	MPSON, CHARLES M		٦		Charles M. Thompson
	SOUTHPOINT DRIVE SOUTH	82 Street Ad		Street /	Address (P.O. Box Number is Not Acceptable)
		83		\ <u>\</u>	1301 Riverplace Boulevard
	E 600 SOUTHPOINT BUILDING		٥	53	Suite 2130
JACK	SONVILLE FL 32216		8	34 City	85   Zip Code
					Jacksonville FL 32207
11. Pursuant i	to the provisions of Sections 607.0502	and 697.1508, Florida Statutes	the abo	ove-named	corporation submits this statement for the purpose of changing its registered
agent. I ar	n familiar with, and accept the obligation	he of Bection 607.0505, Florid	Statut	es.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		tremson	•		01/31/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE. Re	gistered A	gent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Ε	
NAME	THOMPSON, CHARLES M		1.2 NAM	E	1001 7: 1 7 1 1 0: 2120
STREET ADDRESS	6620 SOUTHPOINT DRIVE SOUT	THE COO	4.3 CTD	EET ADDRESS	1301 Riverplace Boulevard, Ste 2130
1		IN, 600	1.3 3160		,
CITY-ST-ZIP	JACKSONVILLE FL 32216		L	-ST-ZIP	Jacksonville, Florida 32207
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32216 C	DELETE	L	-ST-ZIP	,
	С		1.4 CITY	-ST-ZIP E	Jacksonville, Florida 32207 ☐ Change ☐ Addition
TITLE	C MONTGOMERY, MITCHELL R	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM	-ST-ZIP E	Jacksonville, Florida 32207  ☐ Change ☐ Addition  1301 Riverplace Boulevard, Ste 2130
TITLE NAME STREET ADDRESS	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	-ST-ZIP E	Jacksonville, Florida 32207  ☐ Change ☐ Addition  1301 Riverplace Boulevard, Ste 2130  Jacksonville, Florida 32207
TITLE NAME	C MONTGOMERY, MITCHELL R	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	-ST-ZIP E E EET ADDRESS Y-ST-ZIP	Jacksonville, Florida 32207  ☐ Change ☐ Addition  1301 Riverplace Boulevard, Ste 2130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY	-ST-ZIP E E EET ADDRESS Y-ST-ZIP E	Jacksonville, Florida 32207  ☐ Change ☐ Addition  1301 Riverplace Boulevard, Ste 2130  Jacksonville, Florida 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J	☐ DELETE	1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM	-ST-ZIP E E EET ADDRESS Y-ST-ZIP E	Jacksonville, Florida 32207  ☐ Change ☐ Addition  1301 Riverplace Boulevard, Ste 2130  Jacksonville, Florida 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI	-ST-ZIP E E E EET ADDRESS Y-ST-ZIP E	Jacksonville, Florida 32207    Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 S SHARPE, KATHY A 6620 SOUTHPOINT DR S, #600	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI	-ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AGE EET ADDRESS AGE AGE	Jacksonville, Florida 32207    Change
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 S SHARPE, KATHY A 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216	☐ DELETE	1.4 CRY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY	-ST-ZIP E E E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EAT ADDRESS Y-ST-ZIP E EET ADDRESS AE EET ADDRESS	Jacksonville, Florida 32207    Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 S SHARPE, KATHY A 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 T COLLINS, SHEILA B 6620 SOUTHPOINT DR S, #600	☐ DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI	-ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	Jacksonville, Florida 32207    Schange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 S SHARPE, KATHY A 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 T COLLINS, SHEILA B	DELETE  DELETE	1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY	-ST-ZIP E E E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	Jacksonville, Florida 32207    Schange
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C MONTGOMERY, MITCHELL R 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 VP THOMPSON, CHARLES M J 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 S SHARPE, KATHY A 6620 SOUTHPOINT DR S, #600 JACKSONVILLE FL 32216 T COLLINS, SHEILA B 6620 SOUTHPOINT DR S, #600	☐ DELETE	1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STRI 4.1 TITU 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 6.1 TITU	-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS	Jacksonville, Florida 32207    Schange
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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

Charles M. Thompson

01/31/99

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90242 002 \*\*\*158.75