

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000070070 (2)

1. Corporation Name

THOMPSON FAMILY PARTNERS, INC.

Principal Place of Business

Mailing Address

C/O WALKER, KOEGLER & DILLINGHAM, P.A.  
217 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH FL 32082

C/O WALKER, KOEGLER & DILLINGHAM, P.A.  
217 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3462758

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 PO BOX 676  
28 City & State  
PONTE VEDRA BEACH, FL

23 Zip Country

29 32004 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JAMES V  
C/O WALKER, KOEGLER & DILLINGHAM, P.A.  
217 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH FL 32082

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME THOMPSON, MARSHALL JR  
STREET ADDRESS 217 PONTE VEDRA PARK DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D  
NAME THOMPSON, DENNIS  
STREET ADDRESS 217 PONTE VEDRA PARK DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Sec. Treas.

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.

SIGNATURE:

1/12/98 904-385-3204

CR2E034 (10/97)