


DOCUMENT # P98000035356

1. Entity Name

J. L. THOMPSON, INC.

00000001




Principal Place of Business	Mailing Address
8925 GOSPEL ISLAND ROAD INVERNESS FL 34450	8925 GOSPEL ISLAND ROAD INVERNESS FL 34450

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2907343</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>THOMPSON, JAMES L</b> <b>8925 GOSPEL ISLAND ROAD</b> <b>INVERNESS FL 34450</b>	Name
	Street Address (
	City

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
	Zip Code

SIGNATURE JAMES L. THOMPSON PRES. James L. Thompson 4/22/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-issuing) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D THOMPSON, JAMES L</b> <b>8925 GOSPEL ISLAND ROAD</b> <b>INVERNESS FL 34450</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: James L. Thompson JAMES L. THOMPSON 4/22/01 (352) 637-2336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)