**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000041797

THE THOMSON GROUP, INC.

Principal Place	e of Business	Mailing Address				J 8(58) HELF 18618 I	E111 (46) (40)	
671 ORANGE AVE 671 ORANGE AVE								
WINTER PARK FL 32789 WINTER PARK FL 32789						<b></b>		
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/06/1998			
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	App	olied For	
21		26			59-352492 <u> </u>	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					t Cortifeets of Status Decired	\$8.75 A		
27				,	5. Certificate of Status Desired	- Fee Red	quired	
City & State City & State					6. Election Campaign Financing	\$5.00 1	vlay Be	
23		28	_		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	_	
24	25 29 30			Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent		
****	NOON DONALD W		81	Name			-	
THOMPSON, RONALD W				Street Addre	ess (P.O. Box Number is Not Acceptable)			
671 ORANGE AVE					,			
WINTER PARK FL 32789			83				İ	
				City		. 85 Zip C	ode	
				City	F	L	000	
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 sign								
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	President	☐ OELETE	1.1 TITLE		\$ 4. S	Change	☐ Addition	
NAME	Ronald W Thompson 564 Wekiva Cove Ro	<i>ა</i>	1.2 NAME		•			
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	Languaged, 7L. 327		1.4 CITY- S	T-ZIP				
TITLE	· ·	☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	TADDRESS				
CITY-ST-ZIP~			2.4 CITY-S	ST-ZIP	and the first production is the second contract of the second contra			
TITLE		☐ DELETE	3.1 TITLE			[] Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS		•	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		<u> </u>	4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition }	
			52 NAME				ĺ	

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 a attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90081 013 \*\*\*150.00

Change

Addition