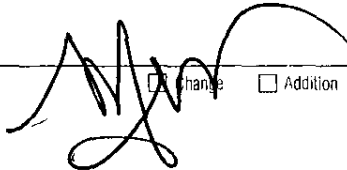


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01 MAY -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
5/8/00 90283 of 7-15000
2000-01 UPR
DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X PTD 04/16/01
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ralph O. Thompson 2300 North Smith Street Kissimmee FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Ashwood Court Kissimmee FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Joyce Thompson 2300 North Smith Street Kissimmee FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Ashwood Court Kissimmee FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004326481--0- -05/29/01--01154--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ralph O. Thompson **Ralph O. Thompson, Pres. 4/16/01 (407)301-4605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR Date Daytime Phone #

SHANNON K. BARUCH, P.A.

ATTORNEY AND COUNSELOR AT LAW
POST OFFICE BOX 1485
ORLANDO, FLORIDA 32802-1485

Baruch

TELEPHONE: (407) 481-8202
FACSIMILE: (407) 481-8203

PAGER: (407) 570-5459
E-MAIL: BARUCHPA@BELLSOUTH.NET

April 16, 2001

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Submittal of 2001 Uniform Business Report (UBR)
R.O. Thompson Construction, Inc., FEIN: 59-3660450

Dear Sirs:

Enclosed herewith, please find the completed 2001 Uniform Business Report (UBR) for R.O. Thompson Construction, Inc., FEIN: 59-3660450 with the appropriate filing fee in the amount of \$150.00. Please be advised that the address for corporate headquarters remains unchanged. However, the new mailing address for the corporation is:

909 Ashwood Court
Kissimmee, FL 34743

Further, since incorporation of the subject entity, no communication from the Division of Corporation has been received by the corporation at this address. Consequently, the corporate mailing address has been changed, as shown above.

In the interim, if you have any questions, or need additional information, please do not hesitate to contact the undersigned attorney at the letterhead address or telephone: (407) 481-8202/facsimile: (407) 481-8203.

Very truly yours,

Shannon K. Baruch, P.A.


Shannon K. Baruch, Esquire