

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90168 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S36320
 1. Corporation Name
R.M. THOMPSON CO.

Principal Place of Business 1230 SOUTH MYRTLE AVENUE, SUITE 203 STE 301 CLEARWATER FL 33757 US	Mailing Address 1230 SOUTH MYRTLE AVENUE, SUITE 203 STE 301 CLEARWATER FL 33757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1991	4. FEI Number 59-3056100	Applied For No: Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STEVENS, CHRISTOPHER A 1230 S MYRTLE AVENUE, STE 301 CLEARWATER FL 33756	10. Name and Address of New Registered Agent 81 Name THOMPSON, R.M., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1230 S. Myrtle Ave. 83 Suite 301 84 City Clearwater FL 85 Zip Code 33756
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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: R.M. Thompson, Jr. DATE: 4/23/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, CHRISTOPHER A	1.2 NAME	STEVENS, CHRISTOPHER A
STREET ADDRESS	317 CHESAPEAKE RIDGE	1.3 STREET ADDRESS	6 Woodhaven Drive
CITY-ST-ZIP	WOODSTOCK GA	1.4 CITY-ST-ZIP	Kennebuck, Maine 04043
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, KIMBERLY A	2.2 NAME	THOMPSON, R.M., JR.
STREET ADDRESS	317 CHESAPEAKE RIDGE	2.3 STREET ADDRESS	1230 S. Myrtle Avenue, Ste. 301
CITY-ST-ZIP	WOODSTOCK GA	2.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL J	3.2 NAME	
STREET ADDRESS	1230 S MYRTLE AVENUE, STE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	3.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	4.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOIE, TEMPI	4.2 NAME	SAVOIE, TEMPI
STREET ADDRESS	1230 S MYRTLE AVE, STE 301	4.3 STREET ADDRESS	1230 S. Myrtle Avenue, Ste 301
CITY-ST-ZIP	CLEARWATER FL 33756	4.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with a different title empowered.

SIGNATURE: R.M. Thompson, Jr., Pres. DATE: 4/23/99 (727) 446-2200
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)