

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAY 31 AM 8:20

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # S95660 (4)**

1. Corporation Name

**LYNNE R. THOMPSON, P.A.**

Principal Place of Business

**529 E NEW HAVEN AVE  
 MELBOURNE FL 32901-5461**

Mailing Address

**529 E NEW HAVEN AVE  
 MELBOURNE FL 32901-5461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1991**

3a. Date of Last Report

**01/25/1994**

4. FEI Number

**59-3096320**

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 has liability for intangible tax under S. 199.032,  
 Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

27

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**THOMPSON, LYNNE R.  
 529 E NEW HAVEN AVE  
 MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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 resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

**PVS  
 THOMPSON, LYNNE R.  
 529 E NEW HAVEN AVE  
 MELBOURNE FL**

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY, ST, ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

**TD  
 THOMPSON, LYNNE R.  
 529 E NEW HAVEN AVE  
 MELBOURNE FL**

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY, ST, ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY, ST, ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY, ST, ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY, ST, ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY, ST, ZIP

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY, ST, ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or in Block 13 if changed or on an attached sheet with an address

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

*Lynne R. Thompson* **Lynne R. Thompson** **5-22-95** **407 728-1925**