

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 358902

Entity Name: THOMPSON PUMP AND MANUFACTURING COMPANY, INC.

Current Principal Place of Business:

4620 CITY CENTER DR.
PORT ORANGE, FL 32129

Current Mailing Address:

PO BOX 291370
PORT ORANGE, FL 32129-1370 US

FEI Number: 59-1286389

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM F
1496 HERBERT STREET
PT ORANGE, FL 32129 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name CONWAY, DALE
Address 4620 CITY CENTER DR
City-State-Zip: PORT ORANGE FL 32129

Title VP
Name FARRELL, JOHN
Address 1496 HERBERT ST
City-State-Zip: PORT ORANGE FL 32129

Title TD, SECRETARY
Name MACKEY, SHAWN TREAS
Address 1496 HERBERT ST
City-State-Zip: PORT ORANGE FL 32129

Title PRESIDENT
Name THOMPSON, CHRISTOPHER
Address 1496 HERBERT STR
City-State-Zip: PORT ORANGE FL 32129

Title CHAIRMAN
Name THOMPSON, WILLIAM F
Address 2 SUNNY PINES CIRCLE
City-State-Zip: DAYTONA BEACH FL 32118

Title VP
Name TAVAKOLI, MAJID
Address 1496 HERBERT ST
City-State-Zip: PORT ORANGE FL 32129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN MACKEY

VP OF FINANCE

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date