

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$175)

**APPROVED
AND
FILED**

94 JUL 13 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765257 (1)

1. Corporation Name
THORNBROOK III MAINTENANCE CORPORATION, INC.

Mailing Address 2830 N 41ST ST. "M" GAINESVILLE FL 32606	Principal Place of Business 2830 N 41ST ST. "M" GAINESVILLE FL 32606
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	26. Principal Place of Business
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1982	3a. Date of Last Report 04/21/1993
4. FEI Number 59-2366598	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURKETT, BARBARA
2830 NW 41ST ST. "M"
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S/D	11 TITLE	
12 NAME	GOSSINGER GARY	12 NAME	
13 STREET ADDRESS	2830 NW 41ST ST STE E	13 STREET ADDRESS	
14 CITY - ST - ZIP	GAINESVILLE FL	14 CITY - ST - ZIP	
21 TITLE	D/P	21 TITLE	
22 NAME	BLUMBERG GLENN	22 NAME	
23 STREET ADDRESS	2830 NW 41ST ST. "C"	23 STREET ADDRESS	
24 CITY - ST - ZIP	GAINESVILLE, FL 00000	24 CITY - ST - ZIP	
31 TITLE	T/D	31 TITLE	
32 NAME	BARR, ANTHONY	32 NAME	
33 STREET ADDRESS	4131 NW 28TH LANE	33 STREET ADDRESS	
34 CITY - ST - ZIP	GAINESVILLE FL	34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	ART
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

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 119.07(3)(b), 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 this corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Barr 7/11/94 924 371 3050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone