

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90036 013 ***150.00

DOCUMENT # F93000000889

1. Corporation Name

EDWARD E. THORPE & COMPANY

Principal Place of Business
**3859 FARRAGUT AVE.
KENSINGTON MD 20895**

Mailing Address
**3859 FARRAGUT AVE.
KENSINGTON MD 20895**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

52-1261036

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DAYS, DAVID E
1900 NW 187 TERRACE
MIAMI FL 33056**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	THORPE, EDWARD E	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	THORPE, CONSTANCE M	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, W. ROGERS	
STREET ADDRESS	3317 DUKE ST.	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, RONALD W	
STREET ADDRESS	3710 17TH STREET, NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ECHOLS, RONNIE W	
STREET ADDRESS	110 FORESTDALE DR.	
CITY-ST-ZIP	DANVILLE VA 24540	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THORPE, CONSTANCE M	
STREET ADDRESS	10214 CONOVER DR.	
CITY-ST-ZIP	SILVER SPRING MD 20902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

Constance M. Thorpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

Date

(301) 933-3671

Daytime Phone #

CR2E034 (11/98)

0008816