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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K08661 (6)

1. Corporation Name
THORP CONSTRUCTION, INC.



Principal Place of Business: 2706 ALT HWY 19 N, STE 216, PAL HARBOUR FL 34683, US
Mailing Address: 2706 ALT HWY 19 NORTH, STE 216, PALM HARBOR FL 34683-2641, US

3. Date Incorporated or Qualified: 12/23/1987
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business: 21 2708 Alt. Hwy. 19 N, Suite, Apt. #, etc.
2a. Mailing Address: 26 2708 Alt. Hwy. 19 N, Suite, Apt. #, etc.

4. FEI Number: 59-2861553
Applied For: Not Applicable

22 Suite 708, City & State

6. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Palm Harbor, Fl., City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 34683, 25 USA, 29 34683, 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORP, PETER B.
~~616 S. MAYO~~ 615 N. MAYO ST.
PO BOX 920
CRSTAL BCH FL 34681

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

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: *Peter B. Thorp*, Peter B. Thorp, Pres. DATE: 4-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	THORP, PETER B.	
STREET ADDRESS	616 S. MAYO	
CITY - ST - ZIP	CRYSTAL BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thorp, Peter B.	
1.3 STREET ADDRESS	615 N. Mayo St.	
1.4 CITY - ST - ZIP	Crystal Beach, Fl. 34681	
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 do 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.

SIGNATURE: *Peter B. Thorp* Peter B. THORP (813) 785-0200

CR2E034 (9/96)