

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

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

27 Suite 708  
City & State

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

23 Palm Harbor, Fl.  
Zip Country

28 Palm Harbor, Fl.  
Zip Country

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 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 *Peter B. Thorp*, Peter B. Thorp, Pres. 4-15-97  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)