

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V30350 (5)

1. Corporation Name

THUNDER DEVELOPMENT CORPORATION

95 APR -4 PM 7: 12

Principal Place of Business

5027 TAMAMI TRAIL E.
NAPLES FL 33962
US

Mailing Address

5027 TAMAMI TRAIL E.
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1992

3a. Date of Last Report

03/28/1994

4. FBI Number

65-0329183

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 2063 Trade Center Way

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28

Zip

24 33942

Country

25 Cellier

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THRUSHMAN, GENE C.
5027 TAMAMI TRAIL E.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2063 Trade Center Way

84 City

Naples

FL

85

Zip Code

33942

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 and understand, all of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

THRUSHMAN, GENE C

STREET ADDRESS

5027 TAMAMI TRAIL E.

CITY - ST - ZIP

NAPLES FL 33962

TITLE

D

NAME

GORMAN, JAMES H

STREET ADDRESS

1135 7TH ST S

CITY - ST - ZIP

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2063 Trade Center Way
Naples FL 33942

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐

Change

☐

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 recorder 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:

[Signature]

MONITOR AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DIVISION

3/21/95 8:07-793-6740

(Date)

(Telephone Number)