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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30350

(5)

Mailing Address

THUNDER DEVELOPMENT CORPORATION

FILED

Apr 30 1997 8:00am

Secretary of State

2005 TRADE OF NAPLES FL 33		*2005 TRADE CENTER WAY NAPLES FL 24100-0244 LUS-						
				3. Date Incorporated or Qualified 04/20/1992 3a. Date of Last Report 04/23/1996			leport	
	Place of Business	2a, Mailing Address		4.	FEI Number		Ar	oplied For
21 112	6 Tamiami Tr. U	26 11216 TAM	AM/ IVIN) ,	65-0329183			ot Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 Suite 34	1	5.	Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
	igles FL.	City & State 28 Nagles, F	<u>ال</u>	- 1	Election Campaign Financin Trust Fund Contribution	ng	\$5.00 Added t	
24 3411			Collie		This corporation has liability Florida Statutes	☐ Yes 🍞	No	. 199.032,
	9. Name and Address of Current	Hegistered Agent	81 Name	10.	Name and Address of Nev	v Registered A	gent	
	USHMAN, GENE C.							
	5 trade genter w ay Leo FL 33 942		82 Street 83	Address (P.	O. Box Number is Not Acce	y 0 v		
			84 Cily	JARLO	25	FL	85 Zip (Code 1109
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida Such change was au ions of, Section 607.0505, Flori	s, the above-named thorized by the corp da Statutes.	corporation poration's b	n submits this statement for to oard of directors. I hereby a	he purpose of ocept the appo	changing it intment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ingent		Registered Agent signature			DATE		
12.	OFFICERS AND	DIRECTORS	18.	A	DDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	1S IN 12
TITLE	D	Ĺ DELE1E	1.1 TITLE				Change Change	Addition
NAME	THRUSHMAN, GENE C		1,2 NAME	ے ر ہے ا	Charles Com	lan ni		
STREET ADDRESS	2065 TRADE CENTER WAY		1.3 STREET ADDRESS	143	les, Fl.	any ur		
CITY-ST-ZIP TITLE	NAPLES FL.	DELETE	1.4 CITY - S1 - ZIP	NAR	LES, FL.	34109	7.0	A / 100
NAME	GORMAN, JAMES H	T DETELL	2.1 TITLE	·			Change	☐ Addition
STREET ADDRESS	2065 TRADE CENTER WAY		2.2 NAME					
CITY-ST-ZIP	NAPLES FL		2.3 STREET ADDRESS					
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME		_	3.2 NAME			'	onlinge	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZiP					
TITLE		DELETE	41 TITLE				Change	Addition
NAME			4. 2 NAME				_ •	_
STREET ADDRESS		•	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CHY-ST-ZIP					
TITLE		DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP					
TITLE		DELETE	6.1 HILE		······································		Change	Addition
NAME :	* .		6.2 NAME					
STREET ADDRESS			6.3 STREET ADORESS					ļ
CITY-ST-ZIP			6.4 CITY-S1-ZIP					1
14. I do herel	by certify that the information supplied	with this filing door not qualify.		tated in Soc	tion 119 07/3Vi) Florida Sta	tutos I further	andifushat	als a

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.

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