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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



2. Principal Place of Business

21 2708 Alt. Hwy. 19 N

Suite, Apt. #, etc.

22 Suite 708

City & State

23 Palm Harbor, Fl.

Zip

Country

24 34683

25 USA

2a. Mailing Address

26 2708 Alt. Hwy. 19 N.

Suite, Apt. #, etc.

27 Suite 708

City & State

28 Palm Harbor, Fl.

Zip

Country

29 34683

30 USA

3. Date Incorporated or Qualified  
12/23/1987

3a. Date of Last Report  
04/23/1996

4. FEI Number

59-2861553

Applied For

Not Applicable

6. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORP, PETER B.  
~~618 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

Signature, typed or printed name of registered agent and fee, if applicable.

Peter B. Thorp, Pres.

(NOTE: Registered Agent signature required when reinstating)

4-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME THORP, PETER B.  
STREET ADDRESS 618 S. MAYO  
CITY- ST- ZIP CRYSTAL BCH FL

1.1 TITLE DPT  
1.2 NAME Thorp, Peter B.  
1.3 STREET ADDRESS 615 N. Mayo St.  
1.4 CITY- ST- ZIP Crystal Beach, Fl. 34681

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter B. THORP (813) 785-0200

CR2E034 (9/96)