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
95 APR 13 PM 2:54

DOCUMENT # **184202** **(0)**

1. Corporation Name
THORNTON LABORATORIES, INC.

Principal Place of Business	Mailing Address
1145 E CASS ST TAMPA FL 33602-3536	1145 E CASS ST TAMPA FL 33602-3536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1955**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0481400** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THORNTON, CHARLES C.
1145 EAST CASS STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	BRISTOL, LISA J	12 NAME	
STREET ADDRESS	12913 TIKIWOOD CT.	13 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HARVEY, MARCIA S	22 NAME	
STREET ADDRESS	17301 CARRIAGE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	
TITLE	CEO	31 TITLE	☐ Change ☐ Addition
NAME	THORNTON, CHARLES C	32 NAME	
STREET ADDRESS	14717 CLARENDON DR	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	THORNTON, JANE H.	42 NAME	
STREET ADDRESS	14717 CLARENDON DR	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROSENKRANZ, STANLEY W.	52 NAME	
STREET ADDRESS	201 E KENNEDY BV STE1000	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	THORNTON, JAMES R.	62 NAME	
STREET ADDRESS	4504 BLOOMSBURY CT	63 STREET ADDRESS	6903 Aqueduct Terr.
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	Odessa, FL 33556

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 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: L J Bristol, Secr. Treas. LISA J. BRISTOL 1/11/95 (813) 223-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secr. Treas. — Date — Daytime Phone #

0990897 CP