

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90187 012 ***150.00

DOCUMENT # 188205

1. Corporation Name
THELLIAN CO., INC.

Principal Place of Business
500 EAST BROWARD BLVD
PO BOX 14636
FT LAUDERDALE FL 33302

Mailing Address
500 EAST BROWARD BLVD
PO BOX 14636
FT LAUDERDALE FL 33302



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1955

4. FEI Number
59-6068110

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUM, JAMES M
500 EAST BROWARD BLVD
PO BOX 14636
FT LAUDERDALE FL 33302

81 Name
R. M. Gardner
82 Street Address (P.O. Box Number is Not Acceptable)
500 E. Broward Blvd.
83 Suite 1400
84 City
Ft. Lauderdale FL 85 Zip Code
33394

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 R.M. Gardner, Res. Agt / P/D

DATE

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRUM, JAMES M
STREET ADDRESS 500 EAST BROWARD BLVD SUITE 1400
CITY-ST-ZIP FT LAUDERDALE FL 33302

1.1 TITLE P/D
1.2 NAME R. M. Gardner
1.3 STREET ADDRESS 500 E. Broward Blvd., Suite 1400
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33394

TITLE D
NAME GARDNER, R M
STREET ADDRESS 500 E. BROWARD BLVD
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE D
2.2 NAME Wm. H. Meeks
2.3 STREET ADDRESS 2601 E. Oakland Park Blvd.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306

TITLE T
NAME GARDNER, RUSSELL M
STREET ADDRESS 500 E. BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

3.1 TITLE D
3.2 NAME Reed A. Bryan III
3.3 STREET ADDRESS 707 S. E. 3rd Ave. Suite 400-A
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

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 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, with all other like empowered.

SIGNATURE: R.M. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)