

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # 412100 (0)

1. Corporation Name
THORNTON LEASING, INC.

Principal Place of Business
**405-8TH AVENUE WEST
PALMETTO FL 34221**

Mailing Address
**405-8TH AVENUE WEST
PALMETTO FL 34221-5119**



3. Date Incorporated or Qualified **11/03/1972** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-1423149** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, GRADIE
405 8TH AVENUE
PALMETTO FL 33561**

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 title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	THORNTON, R GRADIE	1.2 NAME	
STREET ADDRESS	4711 13TH ST W	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO, FL 0	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	THORNTON, TERESA J	2.2 NAME	
STREET ADDRESS	408 8TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO, FL 0	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	THORNTON, ANITA	3.2 NAME	
STREET ADDRESS	4711 13TH ST W	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO, FL 0	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Gradie Thornton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

329-97 (941) 729-3834
Date Daytime Phone #

CR2E034 (9/96)