

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 485253

(9)

1. Corporation Name:

THUNDER CONSTRUCTION, INC.



Principal Place of Business

511 BROOKSIDE DR
CLEARWATER FL 34624

Mailing Address

511 BROOKSIDE DR
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ANDERSON, ROBERT E
2501 HARN BLVD G-5
CLEARWATER FL 34624

3. Date Incorporated or Qualified
09/29/1975

3a. Date of Last Report
04/17/1995

4. FEI Number
59-1621865

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

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. Therefore, I, as the appointed registered agent, I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ANDERSON, ROBERT E	
STREET ADDRESS	2501 HARN BLVD G 5	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	S	☐ DELETE
NAME	DROUBIE, JULIANNE	
STREET ADDRESS	1101 FLUSHING AVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied voluntarily, knowingly, and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included on this annual report is a true and correct statement of the corporation's financial condition and operations for the period covered by the report. I am an officer or director of the corporation and I am authorized to execute this report on behalf of the corporation. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

813 536 8867

CR2E034 (12/95)