FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 485253 1. Corporation Name

THUNDER CONSTRUCTION, INC.

CLEARWATER FL 34624

THUNDER CONSTRUCTIO	n, INC					
Principal P ace of Business	Mailing Address	-		1/86/1/ 6/69/1/6/0 Give Heat Breed (in old a even eithe even		
511 BROOKSIDE DR CLEARWATER FL 34624	511 BROOKSIDE DR CLEARWATER FL 34824			DO NOT WRITE IN THIS SPACE		
1	33764		DO NOT WRITE IN THIS			
33767	301 (30 (3. Date Incorporated or Qualifed		
				09/29/1975		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apr lied For		
21	26		59-1621865	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Recuired		
City & State	City & State			\$5.00 May Be		
23	28		Trust Fund Contribution	Added to Fees		
Zip Courtry	Zip C	ountry	8. This curporation owes the current year in	tangible		
24 25	29 30		Personal Property Tax.	☐ Yes [☐No		
	ss of Current Registered Agent	1	10. Name and Address of New Registered	Agent		
	•	81 Na	me			
ANDERSON, ROBERT E		90 00	at \$44 (D.O. Cau Number in \$1st Approximate)			
25:01 HARN BLVD G-5		82 Str	eet Address (P.O. Box Number is Not Acceptable)	7		

84 City 85 Zip Code F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its negistered office or registered agent, or both, in the State or Florida, Such change was a uthorized 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.

83

agent, i a	in familial with, and accept the obligations of oech	011 007.0000, 1 10110	ia cialatoo.			
SIGNATURE	Signature, typed or printed narie of registered agent and title if applica	ble (NOTF: R	egistered Agent signature requir	ed when reinstating) DATE	_ _	
12.	OFFICERS AND DIRECTORS		13.	ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ANDERSON, ROBERT E		1.2 NAME			
STREET ADDRESS	2501 HARN BLVD G 5		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 337664		1.4 CITY: ST-ZIP			•
TITLE	S	DELETE	2.1 TITLE		☐ Change	Addition
NAME	DROUBIE, JULIANNE		2.2 NAME			İ
STREET ADDRESS	1101 FLUSHING AVE		2.3 STREET ADDRESS			
	CLEARWATER FL 33764		2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	OLEMINATE 77101	☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRES 3			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME.			52 NAME			
STREET ADDRES ;			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	. 6.1 TITLE		☐ Change	☐ Addition
NAME	·		6.2 NAME			
STREET ADDRES:			6.3 STREET ADDRESS			
CITY CT 7ID		· -	6.4 CiTY-ST-ZIP			

14. I hereby certify that the information supplied with his filling 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 both; 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 officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, ir on an attachment with an with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR