

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 011 ***158.75

DOCUMENT # 488402

1. Entity Name **THF CONSTRUCTION, INC.**

10033290

Approved

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4950 W KENNEDY BLVD
SUITE 600
TAMPA, FL 33609

Mailing Address
4950 W KENNEDY BLVD
SUITE 600
TAMPA, FL 33609

2. Principal Place of Business
550 NORTH REO STREET
 Suite, Apt. #, etc.
SUITE 300
 City & State
TAMPA, FL

3. Mailing Address
550 NORTH REO STREET
 Suite, Apt. #, etc.
SUITE 300
 City & State
TAMPA, FL

4. FEI Number **591630749** Applied For Not Applicable


Zip **33609** Country **U.S.A.** Zip **33609** Country **U.S.A.**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **3/6/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICHARD RANTALA 4950 W. KENNEDY BLVD TAMPA FL, 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D JEFFREY H. ROTH 4950 W. KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN C. KOLBE 4950 W. KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH T. HATCH 4950 W. KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN J. STRYPE 4950 W. KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S STEPHEN M. BENNETT 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C DAVID FISON 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN KEEHAN 550 N. REO STREET, SUITE 300 TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  - **STEPHEN M. BENNETT** DATE **3/6/2001** DAYTIME PHONE # **813 261 5158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)