FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:09

DOCUMENT # **497562** **(9)**

1. Corporation Name
THORNHILL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2901 SW 41ST ST. OCALA FL 34474	2901 SW 41ST ST. OCALA FL 34474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1976	05/01/1994

21	2. Principal Place of Business: 2901 SW 41st ST.	26	2a. Mailing Address: SAME
22	Suite, Apt. #, etc.: #1501	27	Suite, Apt. #, etc.: SAME
23	City & State: OCALA, FL	28	City & State: SAME
24	Zip: 34474	25	Country: U.S.A
29	Zip: SAME	30	Country: SAME

4. FEI Number: 59-1652608 ☐ 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

DE ROODENBEKE,NOEL J.
~~9091 S.E. COUNTY HWY. 25~~
~~BELLEVIEW FL 32620~~
2901 SW 41st ST. #1501
OCALA, FL 34471

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AMBROSE, MARA S.	12 NAME	
STREET ADDRESS	7133 POOLE JONES RD	13 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☑ Change ☐ Addition
NAME	DE ROODENBEKE,RUTA	22 NAME	SD DE ROODENBEKE
STREET ADDRESS	~~9091 SE CTY HWY 25~~	23 STREET ADDRESS	2901 SW 41ST ST. #1501
CITY-ST-ZIP	~~BELLEVIEW FL~~	24 CITY-ST-ZIP	OCALA, FL 34474
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	AMBROSE, GEORGE C.	32 NAME	
STREET ADDRESS	7133 POOLE JONES RD	33 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	34 CITY-ST-ZIP	
TITLE	PT	41 TITLE	☑ Change ☐ Addition
NAME	~~DE ROODENBEKE, NOEL J.~~	42 NAME	PTD DE ROODENBEKE NOEL J.
STREET ADDRESS	~~9091 SE CTY HWY 25~~	43 STREET ADDRESS	2901 SW 41ST ST. #1501
CITY ST ZIP	~~BELLEVIEW FL~~	44 CITY ST ZIP	OCALA, FL 34474
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	MCCLELLAN, INGRID	52 NAME	D MCCLELLAN INGRID
STREET ADDRESS	~~424 S.E. 47TH TERRACE~~	53 STREET ADDRESS	113 COQUINA AVE
CITY ST ZIP	~~CAPE CORAL FL~~	54 CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NICOLL, MIRIAM	62 NAME	
STREET ADDRESS	9991 SE CTY HWY 25	63 STREET ADDRESS	
CITY ST ZIP	BELLEVIEW FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: N. de Roodenbeke 4/3/95 904-873-2294
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
NOEL J. de ROODENBEKE, PRESIDENT

0351466 CP