

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 497562 (9)

1. Corporation Name

THORNHILL ASSOCIATES, INC.



Principal Place of Business

**2901 SW 41ST ST
SUITE 1501
OCALA FL 34474
US**

Mailing Address

**2901 SW 41ST ST.
OCALA FL 34474**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/26/1976

3a. Date of Last Report

04/04/1995

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

10. Name and Address of New Registered Agent

**DE ROODENBEKE, NOEL J.
2901 SW 41ST
SUITE 1501
OCALA FL 34471**

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **AMBROSE, MARA S.**
STREET ADDRESS **7133 POOLE JONES RD**
CITY- ST- ZIP **FREDERICK MD**

TITLE **SD** ☐ DELETE
NAME **DE ROODENBEKE, RUTA**
STREET ADDRESS **2901 SW 41ST SUITE 1501**
CITY- ST- ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **AMBROSE, GEORGE C.**
STREET ADDRESS **7133 POOLE JONES RD**
CITY- ST- ZIP **FREDERICK MD**

TITLE **PTD** ☐ DELETE
NAME **DE ROODENBEKE, NOEL J.**
STREET ADDRESS **2901 SW 41ST SUITE 1501**
CITY- ST- ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **INGRIO, MCCLELLAN**
STREET ADDRESS **113 COQUINA AVE**
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **NICOLL, MIRIAN**
STREET ADDRESS **8991 SE CTY HWY 25**
CITY- ST- ZIP **BELLEVIEW FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Presidents

4/3/96

352-873-2284

CR2E034 (12/95)