


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 3001 SW 41ST AVE OGALA FL 34474 32177		Mailing Address 2001 SW 41ST ST OGALA FL 34474 PALATKA, FL 32177	
2. Principal Place of Business 21 129 KING FLOR AVE Suite, Apt. #, etc. 22 PALATKA, FL City & State 23 32177 Zip 24 U.S.A. Country		2a. Mailing Address 25 RTE 2, Box 2715 Suite, Apt. #, etc. 26 PALATKA, FL City & State 27 32177 Zip 28 U.S.A. Country	
9. Name and Address of Current Registered Agent DE ROODENBEKE, NOEL J. 2001 SW 41ST RTE 2, Box 2715 SUITE 1001 OGALA FL 34474 PALATKA, FL 32177			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PTD NAME DE ROODENBEKE, NOEL J STREET ADDRESS 2001 SW 41ST RTE 2, Box 2715 CITY-ST-ZIP OGA LA FL 34474 PALATKA, FL 32177 TITLE VPSD NAME DE ROODENBEKE, RUTA E STREET ADDRESS 2001 SW 41ST RTE 2, Box 2715 CITY-ST-ZIP OGA LA FL 34474 PALATKA, FL 32177 TITLE D NAME AMBROSE, MARA S STREET ADDRESS 7133 POOLE JONES RD CITY-ST-ZIP FREDERICK MD 21702 TITLE D NAME MCCLELLAN, INGRID M STREET ADDRESS RT 6 BOX 1174 CITY-ST-ZIP PALATKA FL 32177 TITLE D NAME NICOLL, MIRIAN C STREET ADDRESS 2001 SW 41ST RTE 2, Box 2715 CITY-ST-ZIP OGA LA FL 34474 TITLE D NAME AMBROSE, GEORGE C STREET ADDRESS 7133 POOLE JONES RD CITY-ST-ZIP FAEOEMICK MD 21702			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1976	
4. FEI Number 59-1652608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

14. I hereby certify that the information supplied with this filing 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 an attachment with an address.

CR2E034 (10/97)