

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 709784 (3)**

1. Corporation Name  
**THI, INC.**



Principal Place of Business Mailing Address  
**419 FLORENCE AVENUE  
PO BOX 50901  
FT. MYERS FL. 33905  
US**

3. Date Incorporated or Qualified **10/20/1965** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 300 Florence Avenue** **26 300 Florence Avenue**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 P.O. Box 50901** **27 P.O. Box 50901**  
City & State City & State  
**23 Tice Fla. 33904** **28 Tice Fla. 33904**  
Zip Country Zip Country  
**24** **25** **29** **30**

4. FEI Number **25-3909335** 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  
**BROCK, MALCOLM C.  
4180 ELLIS ROAD  
FT. MYERS FL. 33905**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when nonstatutory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, MALCOLM C</b>	1.2 NAME
STREET ADDRESS	<b>4180 ELLIS ROAD</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	1.4 CITY-ST-ZIP
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, D</b>	2.2 NAME
STREET ADDRESS	<b>287 GIRMADA BLVD</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMMON, BENJIMIN</b>	3.2 NAME
STREET ADDRESS	<b>4641 UNDERWOOD DRIVE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISE, JAMES E</b>	4.2 NAME
STREET ADDRESS	<b>5351 MAYNARD ST</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	4.4 CITY-ST-ZIP
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREWS, LEON</b>	5.2 NAME
STREET ADDRESS	<b>4730 LONG LAKE DR.</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	5.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, FRANK</b>	6.2 NAME
STREET ADDRESS	<b>PO BOX 375 N/A</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>WHIGHAM GA</b>	6.4 CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** *MALCOLM C. BROCK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/02/96** Daytime Phone **941 694 3477**

CR2E037 (12/95)