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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
300 FLORENCE AVENUE 300 FLORENCE AVE
P. O. BOX 50901 P. O. BOX 50901
TICE FL 33894 TICE FL 33994-0901
US US

3. Date incorporated or Qualified 10/20/1965
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 25-3909335
Applied For Not Applicable

Suite, Apt. #, etc. 22
27

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

City & State 23
28

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

Zip Country 24
25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROCK, MALCOLM C.
4180 ELLIS ROAD
FT. MYERS FL. 33905

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME S BROCK, MALCOLM C
STREET ADDRESS 4180 ELLIS ROAD
CITY-ST-ZIP FT MYERS, FL 00000
TITLE DELETE
NAME T ROBERTS, D
STREET ADDRESS 287 GIRNADA BLVD
CITY-ST-ZIP FT MYERS, FL 00000
TITLE DELETE
NAME D AMMON, BENJIMIN
STREET ADDRESS 4641 UNDERWOOD DRIVE
CITY-ST-ZIP FT MYERS FL
TITLE DELETE
NAME D WEISE, JAMES E
STREET ADDRESS 5351 MAYNARD ST
CITY-ST-ZIP FT MYERS, FL 00000
TITLE DELETE
NAME VC CREWS, LEON
STREET ADDRESS 4730 LONG LAKE DR.
CITY-ST-ZIP FT MYERS, FL 00000
TITLE DELETE
NAME D JOHNSON, FRANK
STREET ADDRESS PO BOX 375 N/A
CITY-ST-ZIP WHIGHIM GA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME SIDNEY GOULD
6.3 STREET ADDRESS 568 PROSPECT AVE.
6.4 CITY-ST-ZIP FT MYERS, FLA. 33905

14. I do 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 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 Sec. *Malcolm C. Brock* 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0086359

CR2E037 (9/96)

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