

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709784 (3)**

1. Corporation Name  
**THLI, INC.**



Principal Place of Business <b>300 FLORENCE AVENUE                  P. O. BOX 50901                  TICE FL 33994                  US</b>	Mailing Address <b>300 FLORENCE AVE                  P. O. BOX 50901                  TICE FL 33994                  US</b>
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3. Date Incorporated or Qualified  
**10/20/1965**

4. FEI Number  
**25-3909335**

Applied For	Not Applicable
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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	Zip
Country	Country
24	29
25	30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BROCK, MALCOLM C</b>
STREET ADDRESS	<b>4180 ELLIS ROAD</b>
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERTS, D</b>
STREET ADDRESS	<b>287 GIRNADA BLVD</b>
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMMON, BENJIMIN</b>
STREET ADDRESS	<b>4641 UNDERWOOD DRIVE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEISE, JAMES E</b>
STREET ADDRESS	<b>5351 MAYNARD ST</b>
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>VC</b> <input type="checkbox"/> DELETE
NAME	<b>CREWS, LEON</b>
STREET ADDRESS	<b>4730 LONG LAKE DR.</b>
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GOULD, SIDNEY</b>
STREET ADDRESS	<b>568 PROSPECT ROAD</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)