

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709784

1. Entity Name

THI, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90111 029 ****61.25

Principal Place of Business

Mailing Address

**300 FLORENCE AVENUE
 P. O. BOX 50901
 TICE FL 33994
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-3909335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

D. RICHARD McGarity Change Addition
4325 ORANGE WOOD AVE.
FT MYERS FL 33901

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

941 694 3477

Daytime Phone #

CR2E037 (9/99)