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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857324 1. Corporation Name

THOR, INCORPORATED OF ROANOKE

inc	אווי החכ	ON CHARLES OF HOME	_						
Principa	al Place o	of Business	Mailing Address						
P.O. BOX 13127 P.O. BOX 13127			P.O. BOX 13127						
ROANOKE VA 24031-3127 ROA		ROANOKE VA 24031-3127			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						08/04/1983		. =	
2 Dain	singl Disc	no of Business	2a. Mailing Address			4. FEI Number	Applie		
2. Principal Place of Business 23. Addition of the principal Place of Business 21. 3313 PLANTATION RD 26			26			54-0789386	.75 Add	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					To the control of the control	ee Requi	II		
27					S To Company Sinceroing	5.00 Ma	v Re		
City & State		City & State	City & State			dded to F			
23 ROANOKE, VA -			7ip Country			8. This corporation owes the current year intangible			
Zip Country					•	Personal Property Tax. Yes LINO			
24 0	4012	25 USA				10. Name and Address of New Registered Agen	t		
		9. Name and Address of Current	Kegistereo Agont	81	Name				
	OT CO	ORPORATION SYSTEM		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)			
		S. PINE ISLAND ROAD		02	Street Ac	iuless (1.0. Box tonia			
		TATION FL 33324		83					
				84	City	85	Zip Co	de	
				1 -		FL]*	nino ite re	gistered	
11. P	Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named co	orporation submits this statement for the purpose of chan ation's board of directors. I hereby accept the appointment	nt as regis	tered	
o	ffice or re	gistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was au ions of, Section 607.0505, Flori	da Statute	s.			1	
		it lainna with and doop! the said				DATE		<u> </u>	
SIGN	IATURE 3	Signature, typed or printed name of registered agent	and and morphisms	Registered Age	ent signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12	
12.		OFFICERS ANI	D DIRECTORS	1.1 TITLE	$ \top$		Change	Addition	
TITLE		DVP		1.2 NAME	.	JOSEPH E. GREPR			
NAME		WHITTLE, JOHN P.			ET ADDRESS	JOSEPH E. GREER 247 FIVE MILE MT			
STREET	TADDRESS	3743 PEAKWOOD DR, SW		14 CITY-		CALLAWAY, YA 2406/			
CITY-S	T-ZIP	ROANOKE VA	☐ DELETE	2.1 TITLE			Change	☐ Addition	
TITLE	ì	PD	_	2.2 NAMI	<u> </u>				
NAME	. !	BRADSHAW, JAMES B.		2.3 STRE	ET ADDRESS		·- <u>-</u>		
i	TADORESS	209 PARK CREST RD		2. 4 CITY	-ST-ZiP		<u> </u>	Addition	
CITY-S	ST-ZIP	ROANOKE VA STD	☐ DELETE	3.1 TITLE			Change	L'I WOURDIT	
TITLE	\	BRICKEY, IRIS A.		32 NAM	E			}	
NAME	T ADDRESS	HC34 BOX 325		3.3 STRI	ET ADDRESS			ļ	
Į.	l l			04.000		_		Addition	
TITLE	מוד דים	NEW CASILE VA		3.4. GH	(-ST-ZIP		Change		
NAME	ST-ZIP	NEW CASTLE VA	DELETE	4.1 TITL			Change		
1 ,3,000		D	☐ DELETE		Ē		Change	70010011	
STREE		D WHITTLE, SANDRA B.	☐ DELETE	4.1 TITU 4. 2 NAM 4.3 STR	E ME EET ADDRESS		Change		
1	ET ADDRESS	D		4.1 TITU 4.2 NAA 4.3 STR 4.4 CITY	E ME EET ADDRESS '-ST-ZIP		Change Change	Addition	
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CITY-5	ET ADORESS ST-ZIP	D WHITTLE, SANDRA B. 3743 PEAKWOOD DR, SW ROANOKE VA VE JOSEPH E GREER		4.1 TITU 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA	E ME EET ADDRESS : '-ST-ZIP E ME				
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CITY-S TITLE NAME STREE	ET ADORESS ST-ZIP	D WHITTLE, SANDRA B. 3743 PEAKWOOD DR, SW ROANOKE VA VO JOSEPH E GREER 2145 5-100 FR	DELETE	4.1 TITU 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITU 5.2 NAA 5.3 STR 5.4 CITY	E ME EET ADDRESS '-ST-ZIP E ME EET ADDRESS (-ST-ZIP				
CITY-S TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	D WHITTLE, SANDRA B. 3743 PEAKWOOD DR, SW ROANOKE VA JOSEPH F GREER 241 SMITTE MERI		4.1 TITU 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY 6.1 TITL	E AE EET ADDRESSST-ZIP E BEET ADDRESS (-ST-ZIP E] Change	☐ Addition	
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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, with all other like empowered.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90060 023 ***158.75