

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90060 023 ***158.75

DOCUMENT # 857324

1. Corporation Name

THOR, INCORPORATED OF ROANOKE

Principal Place of Business

P.O. BOX 13127
ROANOKE VA 24031-3127

Mailing Address

P.O. BOX 13127
ROANOKE VA 24031-3127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1983

4. FEI Number

54-0789386

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3313 PLANTATION RD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 ROANOKE, VA -

28 Zip

24 24012

Country

25 USA

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS WHITTLE, JOHN P.
CITY-ST-ZIP 3743 PEAKWOOD DR, SW
ROANOKE VA

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BRADSHAW, JAMES B.
CITY-ST-ZIP 209 PARK CREST RD
ROANOKE VA

TITLE ☐ DELETE

NAME STD
STREET ADDRESS BRICKEY, IRIS A.
CITY-ST-ZIP HC34 BOX 325
NEW CASTLE VA

TITLE ☐ DELETE

NAME D
STREET ADDRESS WHITTLE, SANDRA B.
CITY-ST-ZIP 3743 PEAKWOOD DR, SW
ROANOKE VA

TITLE ☐ DELETE

NAME V.P.
STREET ADDRESS JOSEPH E. GREER
CITY-ST-ZIP 247 FIVE MILE MT RD
CALLAWAY, VA 24067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)