

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90078 018 ***150.00


DOCUMENT # F93000000472

1. Entity Name
C. E. THURSTON AND SONS, INCORPORATED

Principal Place of Business	Mailing Address
BROOKSIDE CT VA 23502	P.O. BOX 2411 NORFOLK VA 23501-2411

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **54-0468926**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRIVETT, H. VAUGHAN	<input type="checkbox"/> Delete
NAME	1 MILES END	
STREET ADDRESS	NORFOLK VA 23509	
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GREEN, T. JACK	
STREET ADDRESS	904 LAMBOURNE COURT	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WILTSHIRE, HOWARD.F	
STREET ADDRESS	815 BROOKSIDE ARCH	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	CS	<input type="checkbox"/> Delete
NAME	ASHLEY, LUNDA R	
STREET ADDRESS	929 RICHLAND DRIVE	
CITY-ST-ZIP	VIRGINIA BEACH VA 23464	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	MOLL, ROBERT C.	
STREET ADDRESS	3405 MIDDLE PLANTATION QUAY	
CITY-ST-ZIP	VIRGINIA BEACH VA 23462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burns, Anita J.	
STREET ADDRESS	2409 Locust Grove Lane	
CITY-ST-ZIP	Virginia Beach, VA 23456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard F. Wiltshire Date: 01/18/00 Daytime Phone #: 757-855-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)