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

PROFIT CORPORATION ANNUAL REPORT

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CITY - ST-ZIP

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CITY-ST-ZIP

LESTER, ROBERT M

PC00

FYFE, DAVID

10245 CENTURION PKWY

JACKSONVILLE FL 32256

10245 CENTURION PKWY

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1998 8:00am

Secretary of State

Change

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000551 (1)

THORO SYSTEM PRODUCTS, INC.

Mailing Address Principal Place of Business **10245 CENTURION PKWY** 8300 COLLEGE BLVD JACKSONVILLE FL 32256 ATTN: TAX DEPT. DO NOT WRITE IN THIS SPACE OVERLAND PARK KS 66210 3. Date Incorporated or Qualified 02/04/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 10245 conturion Plank 13-3750190 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Jacksonville, FL 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 29 32250 USA 24 25 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 **B**3 **B4** City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 12. OFFICERS AND DIRECTORS 13. VCFC CFO DELETE Change TITLE 1 1 TITLE Addition **ROWLEY, MICHAEL** NAME 1.2 NAME **10245 CENTURION PKWY** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change -Addition TITLE 2.1 TITLE Joseph J. Yvono NICK, RICHARD J NAME 2.2 NAME 10245 Centur on Pluy 399 PARK AVE. STREET ADDRESS 2.3 STREET ADDRESS 32254 **NEW YORK NY** Jackson-lille CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE Scholow Thomas Clayto KILPATRICK, DONALD G NAME 32 NAME PKWYM. 399 PARK AVE. 10245 Centurior STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** Jacksonville, 3225W CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition **VPAS** DELETE 4.1 TITLE TITLE DONAHUE, RICHARD J NAME 4.2 NAME 399 PARK AVE. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY**

JACKSONVILLE FL 32256 CITY-ST-ZIP 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 trusted 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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Michael Priviley 4/21/00 any galaton