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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002347 (1)

1. Corporation Name

THERAPRO INC.



Principal Place of Business

**10149 WAVELL ROAD
FAIRFAX VA 22032**

Mailing Address

**10149 WAVELL ROAD
FAIRFAX VA 22032**

2. Principal Place of Business

2a. Mailing Address

21 9926 Main Street

26 9926 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Fairfax, VA

28 Fairfax, VA

Zip

Country

Zip

Country

24 22031

25 USA

29 22031

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAXTER, SANDI
100 BOUGANVILLE DR.
PONTE VEDRA FL 32082**

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 NAME STREET ADDRESS CITY- ST- ZIP

**CP
REYNOLDS, ELIZABETH M
10149 WAVELL ROAD
FAIRFAX VA 22032**

☐ DELETE

**C
MONROE, LEO L
13606 GREENVIEW DR.
SUN CITY WEST AZ 85375**

☐ DELETE

**DST
REYNOLDS, CLIFFORD C III
10149 WAVELL ROAD
FAIRFAX VA 22032**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE *Clifford C. Reynolds III* **Clifford C. Reynolds III** **(703)277-9604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)