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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90002 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000001135**

1. Corporation Name
J.T. THORPE & SON, INC.

Principal Place of Business	Mailing Address
1060 HENSLEY STREET RICHMOND CA 94801	1060 HENSLEY STREET RICHMOND CA 94801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1998

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 94-0925270 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JEFFRESS, BRUCE H		1.2 NAME		
STREET ADDRESS	21 UPPER ROAD WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSS CA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUTZMAN, MARK C		2.2 NAME		
STREET ADDRESS	5940 TAFT AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND CA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	Vice President (only)	☒ Change ☐ Addition
NAME	STEWART, GARY A		3.2 NAME	Stewart, Gary A.	
STREET ADDRESS	1350 REGAL DRIVE		3.3 STREET ADDRESS	1350 Regal Drive	
CITY-ST-ZIP	NAPA CA		3.4 CITY-ST-ZIP	Napa CA	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ISAAC, STEPHEN W		4.2 NAME		
STREET ADDRESS	1943 W. MUIRHEAD LP		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORO VALLEY AZ		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	CFO	☒ Change ☐ Addition
NAME	ELAM, MICHAEL P		5.2 NAME	Elam, Michael P	
STREET ADDRESS	~~508 COLUMBIA CREEK~~		5.3 STREET ADDRESS	28 Darlene Court	
CITY-ST-ZIP	~~SAN RAMON CA~~		5.4 CITY-ST-ZIP	Alamo, CA 94583	
TITLE		☐ DELETE	6.1 TITLE	Director - (only)	☐ Change ☒ Addition
NAME			6.2 NAME	Jackson, Craig P.	
STREET ADDRESS			6.3 STREET ADDRESS	116 31st Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Manhattan Beach, CA 90266	

CR2E034 (11/98)

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 REQUIRED 1-6-99 510-233-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #