

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G06462 (7)**

1. Corporation Name
BERNARD V. THYE ENTERPRISES INC.



Principal Place of Business: **14200 CARLSON CIR TAMPA FL 33626 US**
Mailing Address: **P O BOX 262931 TAMPA FL 33685 US**

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 [] Country 25 []
2a. Mailing Address: 26 [] Sub- Apt. #, etc. 27 [] City & State 28 [] Zip 29 [] Country 30 []

9. Name and Address of Current Registered Agent

**THYE, BERNARD V.
11848 BRANCH MOORING DR.
TAMPA FL 33635**

3. Date Incorporated or Qualified: **10/29/1982**
3a. Date of Last Report: **04/14/1995**
4. FEIN Number: **59-2228448** 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 has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1916, Florida Statutes, the above named corporation solemnly states for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said change was authorized by the corporation's board of directors, the duly appointed registered agent, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the officer or director

Signature of the registered agent

Date

12. OFFICERS AND DIRECTORS
12.1 TITLE: **PSC** [] DELETE
NAME: **THYE, BERNARD V.**
STREET ADDRESS: **11848 BRANCH MOORING DR. TAMPA FL**
CITY-STATE-ZIP: **D** [] DELETE
TITLE: **THYE, BERNARD V.** [] DELETE
NAME: **THYE, BERNARD V.**
STREET ADDRESS: **11848 BRANCH MOORING DR. TAMPA FL**
CITY-STATE-ZIP: **D** [] DELETE
TITLE: **THYE, TERRANCE P.** [] DELETE
NAME: **THYE, TERRANCE P.**
STREET ADDRESS: **561 WHISPERING PINE LN. NAPLES FL**
CITY-STATE-ZIP: **V** [] DELETE
TITLE: **SIMPSON, DEMPSAY J** [] DELETE
NAME: **SIMPSON, DEMPSAY J**
STREET ADDRESS: **14200 CARLSON CIRCLE TAMPA FL**
CITY-STATE-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 TITLE: [] Change [] Addition
12.1 NAME: [] Change [] Addition
13.1 STREET ADDRESS: [] Change [] Addition
14.1 CITY-STATE-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-STATE-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-STATE-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-STATE-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-STATE-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-STATE-ZIP: [] Change [] Addition

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)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 person or persons authorized and empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if that is, or on an attached instrument with an affidavit.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 813-855-7000

CR2E034 (12/95)