

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G26262** (7)

1. Corporation Name

**LOUD THUNDER ASSOCIATES, INC.**



Principal Place of Business

**1800 SECOND STREET  
854  
SARASOTA FL 34236  
US**

Mailing Address

**1800 SECOND STREET  
854  
SARASOTA FL 34236  
US**

3. Date Incorporated or Qualified  
**03/03/1983**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2292194**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUFFEY, SAMUEL S.  
1800 SECOND STREET  
SUITE # 854  
SARASOTA FL 34236**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, THOMAS W	
STREET ADDRESS	1001 25TH AVE, CT	
CITY - ST - ZIP	MOLINE, IL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, ROBERT	
STREET ADDRESS	1916 GLENWOOD DR.	
CITY - ST - ZIP	MOLINE IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JAMES	
STREET ADDRESS	4940 CENTER COURT	
CITY - ST - ZIP	BETTENDORF IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVIS, JAMES	
1.3 STREET ADDRESS	4940 CENTER COURT	
1.4 CITY - ST - ZIP	BETTENDORF, IA	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BONTEMS, G. BART	
2.3 STREET ADDRESS	41 WILDWOOD DRIVE	
2.4 CITY - ST - ZIP	MOLINE, IL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-12-96

309-764-1227

Date

Daytime Phone #

CR2E034 (12/95)