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

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G26262 (7) LOUD THUNDER ASSOCIATES, INC. Principal Place of Business Mailing Address 1800 SECOND STREET 1800 SECOND STREET DO NOT WRITE IN THIS SPACE SARASOTA FL 34236 SARASOTA FL 34236 US 3. Date Incorporated or Qualified 03/03/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2292194 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DUFFEY, SAMUEL S. 1800 SECOND STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE # 854 83 SARASOTA FL 34236 City Zip Code 85 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 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE PTS 1.1 TITLE DAVIS, JAMES NAME 1.2 NAME **4940 CENTER COURT** STREET ADDRESS 1.3 STREET ADDRESS **BETTENDORF IA** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MOORE, ROBERT NAME 2.2 NAME 1916 GLENWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS MOLINE IL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BONTEMS, G. BART NAME 3.2 NAME STREET ADDRESS 41 WILDWOOD DRIVE 3.3 STREET ADDRESS MOLINE IL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TOLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition

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. 14/Mm//ac 319-332-

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP