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

PROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
00 APR 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # G26262

1. Corporation Name
LOUD THUNDER ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1800 SECOND STREET<br>854<br>SARASOTA FL 34236<br>US | 1800 SECOND STREET<br>854<br>SARASOTA FL 34236<br>US |

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-2292194 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1916 GLENWOOD DRIVE | 26 1916 GLENWOOD DRIVE |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 MOLINE, ILLINOIS | City & State<br>28 MOLINE ILLINOIS |
| Zip / Country<br>24 61265 25 USA | Zip / Country<br>29 61265 30 USA |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4400 INDEPENDENCE COURT

84 City SARASOTA FL 85 Zip Code 34234

Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 4/24/00
Signature, type 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 | |
|---|---|---|---|---|
| | | | | ☐ Change ☐ Addition |
| TITLE | PTS | ☐ DELETE | 1.1 TITLE | |
| NAME | DAVIS, JAMES | | 1.2 NAME | |
| STREET ADDRESS | 4940 CENTER COURT | | 1.3 STREET ADDRESS | 200003248642---3 |
| CITY-ST-ZIP | BETTENDORF IA | | 1.4 CITY-ST-ZIP | -05/11/00--01080--006 |
| | | | | ****150.00 ****150.00 |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOORE, ROBERT | | 2.2 NAME | |
| STREET ADDRESS | 1916 GLENWOOD DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINE IL | | 2.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BONTEMS, G. BART | | 3.2 NAME | |
| STREET ADDRESS | 41 WILDWOOD DRIVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINE IL | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | SP |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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: Robert L Moore 4-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Robert L Moore 309-762-3058
Daytime Phone #