

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90024 045 \*\*\*150.00

0335442

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # G74343**

1. Corporation Name

**THIEBAUD CORPORATION**

Principal Place of Business

**140 SE AVE E  
BELLE GLADE FL 33430  
US**

Mailing Address

**140 SE AVE E  
BELLE GLADE FL 33430  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/16/1983**

4. FEI Number

**59-2370889**

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**THIEBAUD, BETTY H  
140 SE AVE E  
BELLEGLADE FL 33430**

10. Name and Address of New Registered Agent

81 Name

**William A. Thiebaud Jr**

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

**140 SE Ave E**

83

84 City

**Belle Glade**

FL

85 Zip Code  
**33430**

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

**William A. Thiebaud Jr**

DATE

**4 26 99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
THIEBAUD, BETTY H.  
816 NW 4TH ST  
BELLE GLADE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P  
THIEBAUD, William A. Jr  
140 SE Ave E  
Belle Glade, FL 33430**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

**S  
THIEBAUD, Betty  
316 NW 4th St  
Belle Glade, FL 33430**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

**Betty H Thiebaud**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99**  
Date

Daytime Phone #

CR2E034 (11/98)