PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J61168

T.H.N., INC.

Principal Plac	e of Business	Mailing Address							
% NORMAN NI 924 N.W. 13TH	ST.	924 N.W. 13TH S	% NORMAN NICKS 924 N.W. 13TH ST. BELLE GLADE FL 33430			DO NOT WRITE IN THIS SPACE			
BELLE GLADE FL 33430 BELLE GLADE FL 33430						3. Date Incorporated or Qualifed			
						03/10/1987		ļ	
2 Principal C	Place of Business	2a. Mailing Addr	929			4. FEI Number	Apr	plied For	
	lace of Business	-	Ças			59-2796862		t Applicable	
21 Cuite Ant	# ata	26 Suite, Apt. #	etc	·				dditional	
Suite, Apt.	#, etc.		GIO.			Le Contitonto of Status Desired	Fee Re		
City & Stat	10 Table 1	27 City & State				6. Election Campaign Financing S	5 00	May Be	
<u> </u>	l e	⊢¬ ' ′				1 0, =:==::::::::::::::::::::::::::::::::	Added to		
23 7in	Country	28 Zip		ountry		This corporation owes the current year Intangible			
Zip	 ′	ê '	30	ourie,		Personal Property Tax.	es '	No	
24	25	29	30			10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Kegisteren Agent		81	Name	10. Haine and readless of the tragestore to			
NICI	KS, NORMAN				110				
924 N.W. 13TH ST.				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
BELLE GLADE FL 33430				83					
DELLE GLADE FL 33430									
					84 City FL 85 Zip Code				
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Flori	da Statutes, the	abov	e-named cor	poration submits this statement for the purpose of change	ging its	registered	
office or a	registered agent, or both, in the Sta am familiar with, and accept the obli	le of Florida. Such chan	de was authoriz	ed by	the corporat	tion's board of directors. I hereby accept the appointmen	t as reg	gistered	
SIGNATURE		•							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registe	red Agei	nt signature requi	red when reinstating) DATE			
12.	OFFICERS /	AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	ST		ELETE 1.	TITLE			Change	Addition	
NAME	PEACOCK, HAROLD E.		1,2	NAME	1				
STREET ADDRESS	A LINE OFFICET		1.3	STREE	TADORESS				
CITY-ST-ZIP	WINDERMERE FL		1/	CITY-S	T-ZIP				
TITLE	PD			TITLE			hange	☐ Addition	
NAME	NICKS, NORMAN		2:	NAME					
STREET ADDRESS					TADDRESS				
	BELLE GLADE FL			4 CITY-S		-			
CITY-ST-ZIP	DELLE GLADE FL	Пп		TITLE	21-ZIF		hange	☐ Addition	
			-	NAME.			•	_	
NAME					T 10000000				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				I. CITY-S	ST-ZIP	<u> </u>	Change	Addition	
TITLE				ITITLE			nange		
NAME			4.	2 NAME					
STREET ADDRESS	;		4:	STREE	T ADDRESS				

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

DELETE

☐ DELETE

Addition

☐ Addition

Change

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90064 028 ***150.00