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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

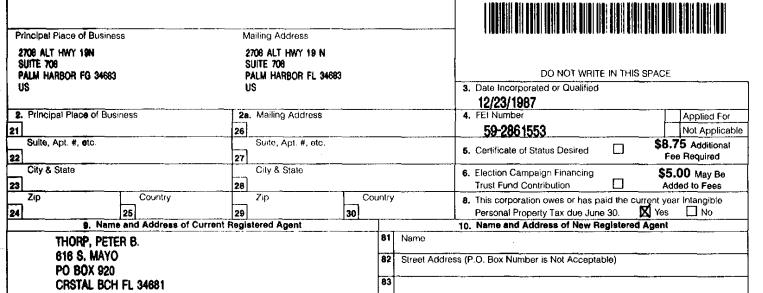
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K08661

(6)

THORP CONSTRUCTION, INC.

FILED	
Apr 22 1998 8:00am	1
Secretary of State	



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.

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SIGNATURE	Signature, typed or printed name of registered agent and tale if applicable.	(NOTE: Ro	egistered Agent signature re	quired when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	\$ IN 12
TITLE	DPT DE	LETE	1.1 TITLE		Change	Addition
NAME	THORP, PETER B.		1.2 NAME			
STREET ADDRESS	615 N MAYO ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL BCH FL		1.4 CITY - ST- ZIP			
TITLE	□ DE	LETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	DE	LETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	□ DE	LETE	4.1 TITLE		☐ Change	☐ Addilion
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	DE	LETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.9 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE	□ DE	LETE	61 TITLE		☐ Change	Addition
NAME			6.2 NAME	·		
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 is trule 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an available to address.

CIONATURE.

1.18.00

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Zip Code

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