

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90129 018 \*\*\*158.75

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DOCUMENT # P04833

1. Corporation Name

THRASHER WATERPROOFING CORPORATION

Principal Place of Business

103 MABEL DR.  
MANSONVILLE FL 34047

Mailing Address

P.O. BOX 87  
MADISONVILLE LA 70447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1985

4. FEI Number

72-0909266

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 103 Mabel Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Madisonville, LA

28 City & State

28 City & State

24 Zip

70447

Country

USA

29 Zip

29 Zip

Country

Country

9. Name and Address of Current Registered Agent

BARKER, WILBUR A JR  
3503 PINE CLUB CT.  
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

Michael D. McMullen

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

5188 Soundside Drive

83

84 City

GULF BREEZE

FL

85 Zip Code

33561

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

*Michael D. McMullen*

Michael D. McMullen

1/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME THRASHER, WILLIAM L.

STREET ADDRESS 65 RIVERDALE

CITY-ST-ZIP COVINGTON LA 70433

TITLE ST ☒ DELETE

NAME THRASHER, REBA D.

STREET ADDRESS 65 RIVERDALE

CITY-ST-ZIP COVINGTON LA 70433

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

103 Mabel Drive

Madisonville, LA 70447

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Michael D. McMullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

504-845-8353

Daytime Phone #

CR2E034 (11/98)