FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

4-19-95-1-351

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014733 (9)

1. Corporation Name
MCNEIL, THORNE & ASSOCIATES, INC.

Principal Place of Business
~~3132 WOODVALLEY ROAD~~
~~PANAMA CITY FL 32405~~

Mailing Address
P.O. BOX 820
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business
21 1600 Loblolly Lane
Suite, Apt. #, etc. 22
City & State 23 Lynn Haven, FL
Zip 24 32444 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3156540 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FAUCHEUX, PATRICK J P.A.
845 JENKS AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed 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		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MCNEIL, STEVE	1.2 NAME		
STREET ADDRESS	1600 LOBLOLLY LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE		☒ Change ☐ Addition
NAME	THORNE, GEORGE B	2.2 NAME		
STREET ADDRESS	3132 WOOD VALLEY ROAD	2.3 STREET ADDRESS	1510 OAK Ave.	
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William S. McNeil AKA Steve McNeil 04/16/95 747-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William S. McNeil AKA Steve McNeil

0411100 FP