

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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MAY 18 AM 10:15

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Linda B. Northington
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P93000002839 (7)

1. Corporation Name:

THUNDER ROAD MANAGEMENT GROUP, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business:

**216 PARK AVE S
WINTER PARK FL 32789
US**

3. Mailing Address:

**216 PARK AVE S
WINTER PARK FL 32789
US**

(Print or Write in the Space)

3. Date Incorporation or Qualification:
01/13/1993

3a. Date of Last Report:
05/01/1994

4. FIC Number:
59-3159625

**Agreed Fee
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. The corporation has liability for an unpaid tax under 112(c)(5)?
Have not submitted ☐ Yes ☒ No**

2. Principal Place of Business:

21. State: Address:

23. City: State:

24. City: State:

2a. Mailing Address:

26. State: Address:

28. City: State:

29. City: State:

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name:

82. Street Address, City, State, Zip, Telephone, Fax & Teletype:

83.

84. City:

FL

85. Zip Code:

11. Declaration: The person or persons who signed this report have read the Florida Statutes, the articles of incorporation, and the certificate of incorporation for the purpose of changing its registered office or principal place of business in the state. If the change of office was submitted by the corporation's board of directors, the person or persons who signed this report have read the certificate of incorporation and the articles of incorporation.

SIGNATURE:

12. Director:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

13.

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND REGISTERED AGENTS:

☐ Change ☐ Add New

☐ Change ☐ Add New

☐ Change ☐ Add New

☐ Change ☐ Add New

☐ Change ☐ Add New

☐ Change ☐ Add New

☐ Change ☐ Add New

14. I hereby certify that the information supplied with this filing is completely true and correct and that the person or persons who signed this report have read the Florida Statutes, the articles of incorporation, and the certificate of incorporation for the purpose of changing its registered office or principal place of business in the state. If the change of office was submitted by the corporation's board of directors, the person or persons who signed this report have read the certificate of incorporation and the articles of incorporation.

SIGNATURE: x

Michael Schwartz
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

x 5-10-95