FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000002839 (7)**

1. Corporation Name

THUNDER ROAD MANAGEMENT GROUP, INC.

Principal Place of Business
216 PARK AVE S
WINTER PARK FL 32789
US

Mailing Address
216 PARK AVE S
WINTER PARK FL 32789
US

2. Principal Place of Business
21
Suite Apt #
22
City & State
23
Zip 24 County 25

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

3. Date Incorporated or Qualified: **01/13/1993**

3a. Date of Last Report: **05/18/1995**

4. FEI Number: **59-3159625** 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. Is corporation liable for intangible tax under s. 199.032, Florida Statutes? X Yes ☐ No

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 (P.O. Box Number is N.G.A. legislation)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent of the corporation are identical to those of the corporation's officer or director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCHWARTZ, MICHAEL	
STREET ADDRESS	5354 DEER CREEK DRIVE	
CITY, ST, ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	PANNULLO, RICHARD	
STREET ADDRESS	8849 LATREK AVE, STE 206	
CITY, ST, ZIP	ORLANDO FL	
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

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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4.5

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 of this report or in any attachment with proper authority.

SIGNATURE: x Michael Schwartz x 3-25-96 407 629 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone