FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010951 (0)**

1. Corporation Name
THORPE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
157 GARDEN LANE SARASOTA FL 34242	157 GARDEN LANE SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/08/1993**
3a. Date of Last Report: **08/19/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 County	29 / 30	Zip / County

4. FEI Number: **65-0404585** ☐ 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

RASHKIN, SHARI S ESQ.
1648 MAIN ST.
SARASOTA FL 34236

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 Section 607.1008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I further authorized to the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

D
THORPE, JO ANN D
157 GARDEN LANE
SARASOTA FL 34242

13. ADDITIONAL CHANGES TO BE FILED AT THIS TIME

14. I hereby certify that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further 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 above, or on an attachment with an address.

SIGNATURE: Jo Ann D. Thorpe
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Jo Ann D. Thorpe

5/12/95

813-388 4447
(Daytime Phone)
813-349-7583

0344878 CP