

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 # P93000059966 (0)

1. Corporation Name  
THORWEB SERVICES, INC.



Principal Place of Business

~~2236 J & G BLVD.~~ 2319 J+C Blvd  
~~BOX 164~~ #2  
NAPLES FL 33942  
US

Mailing Address

2338 IMOKALEE RD  
BOX 164  
NAPLES FL 33942-1445

3. Date Incorporated or Qualified  
08/26/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 2319 J+C BLVD

2a. Mailing Address

26 2338 Immokalee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #2

27 Box 164

City & State

City & State

23 NAPLES FL

28 Naples FL

Zip

Country

Zip

Country

24 33942

25 Collier

29 33942

30 Collier

4. FEI Number  
65-0427020

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

10. Name and Address of New Registered Agent

~~THORGERSON, ARNOLD G~~  
~~520 CHATHAM CR~~  
~~BOX 64~~  
~~NAPLES FL 33942~~

81 Name

William P. Poff

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

1124 Goodlette Rd

83

84 City

Naples

FL

85 Zip Code

33940

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

*William P. Poff*  
Signature, typed or printed name of registered agent and title if applicable.

*William P. Poff*  
(NOTE: Registered Agent signature required when reinstating)

4-15-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ~~THORGERSON, ARNOLD G~~  
STREET ADDRESS 2338 IMOKALEE RD., BOX 164  
CITY-ST-ZIP NAPLES FL 33942-1445 ☒ DELETE

TITLE \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE \*  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE X President ☒ Change ☐ Addition  
1.2 NAME HARRY Poff  
1.3 STREET ADDRESS 2338 Immokalee Rd. Box 164  
1.4 CITY-ST-ZIP Naples, FL 33942

2.1 TITLE X Vice President ☐ Change ☒ Addition  
2.2 NAME MARK Linser  
2.3 STREET ADDRESS 2338 Immokalee Rd. Box 164  
2.4 CITY-ST-ZIP Naples, FL 33942

3.1 TITLE X MATT Nulton ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2338 Immokalee Rd Box 164  
3.4 CITY-ST-ZIP Asst. Vice President  
Naples, FL 33942

4.1 TITLE X Secretary ☐ Change ☒ Addition  
4.2 NAME Jose LLanten  
4.3 STREET ADDRESS 2338 Immokalee Rd. Box 164  
4.4 CITY-ST-ZIP Naples, FL 33942

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

*Harry C. Poff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY C. Poff

4/25/96 592-6239  
Daytime Phone

CR2E034 (12/95)