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 # **P93000066592 (5)**

1. Corporation Name

THORNWOOD MANAGEMENT CORPORATION

Principal Place of Business
39 VILLAGE CR.
PALM COAST FL 32137

Mailing Address
39 VILLAGE CR.
PALM COAST FL 32137

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-3250516 — Applied For / Not Applicable

2. Principal Place of Business
21 40 ISLAND ESTATES PKY
22 Suite, Apt. #, etc.
23 City & State: PALM COAST FL
24 Zip: 32137
25 Country: FLAGLER

2a. Mailing Address
26 40 ISLAND ESTATES PKY
27 Suite, Apt. #, etc.
28 City & State: PALM COAST FL
29 Zip: 32137
30 Country: FLAGLER

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

O'KEEFE, THOMAS
39 VILLAGE CR.
PALM COAST FL 32137

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 _____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when no other title is indicated — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	O'KEEFE, THOMAS	
STREET ADDRESS	39 VILLAGE CR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DST	☐ DELETE
NAME	O'KEEFE, BARBARA	
STREET ADDRESS	39 VILLAGE CR.	
CITY-ST-ZIP	PALM COAST FL 32137	
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 IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Thomas O'Keefe Pres THOMAS O'KEEFE — 4/3/96 — (904)446-4518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)