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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000083852 (2)

DOCUMENT #

1. Corporation Name

THYNG CONSTRUCTION, INC.

Principal Place of Business 1198 SW 2ND AVENUE BOCA RATON FL 33432 Mailing Address P. O. BOX 273744 BOCA RATON FL 33427 US			,	3. Date Incorporated or Qualified	3a. Date of Last Report 01/20/1995	
2. Principal Place of Business 21 19721 118th Thai South 26 19721 118th			Trail South	4. FEI Number 65-0363321	Applied For	
21 19721 11971 1771 3001 2 Suite, Apt. #, etc.		26 19721 118th Trail South			Not Applicable \$8.75 Additional	
22	, 6.0.	27		5. Certificate of Status Desired	Fee Required	
City & State	0 h . G	City & State	G	6. Election Campaign Financing	\$5.00 May Be	
23 Boia		28 Boxa Raton		Trust Fund Contribution	Added to Fees	
24 33499	Country [25]	29 33498	Country 30	8. This corporation has liability for it florida Statutes Yes		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
T) IVAIA	CANAANTUA		81 Name			
THYNG, SAMANTHA 1198 SW 2ND AVENUE BOCA RATON FL 33432			82 Street Add	82 Street Address (P.O. Etox Number is Not Acceptable) 1972 118th Trail South		
			X 4			
			84 City	soca Raton	FL 33498	
familiar with SIGNATURE s	n, and accept the obligations of, Section	n 607.0505, Florida Statulos.	Responsed Agents great in the pur	and of directors. Thereby accept the appoints and watermentaling. ADDITIONS/CHANGES TO OFFI	3-2-96 DATE CERS AND DIRECTORS IN 12	
THILE	PD	DELETE	1 i lituf		Change Addition	
NAME	THYNG, DAVID		1.2 NAM(100- 10014 0 0	a de de la constante de la con	
STREET ADDRESS	1198 SW 2ND AVENUE BOCA RATON FL 33432		1.3 STREET ADDRESS	19721 LEHAT, Son Box Raton, P. 3	2000	
CITY-ST-ZIP	SD SD		1.4 CITY - ST - ZIP	baa laton, 12 3	Change Addition	
TITLE	THYNG, SAMANTHA	☐ DELETE	2 1 TitlE 2 2 NAME		Adjuss	
NAME STREET ADDRESS	1198 SW 2ND AVENUE		2.3 STREET ADDRESS	u.		
CITY-ST-ZIP	BOCA RATON FL 33432		24 CHY ST ZIP			
1ITLE	VD	[] DELETE	3 1 THE		Change	
NAME	THOMAS GREG		3.2 NAME	Samanthan Thyn	2 Officer	
STREE! ADDRESS	BUCY BYLUMAEL 33733		I .	ı	0 "	
CITY - ST - ZIP	Podylation/ r ages	DELETE	3.4 CHY-S7-7/2 4.1 THE		Change Addition	
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CITY-S1-ZIP			4.4 CiTY+S1-ZIP			
1/11.6		☐ DELETE	5 1 7/11 6	. ———	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-SF-ZIP		DELÉTE	6 1 TITLE		Change Addition	
TITLE		Closicia	62 NAME			
NAME STREET ADDRESS			63 STREET ADDRESS			
CITY-S1-ZIP			64 CITY - S1 - ZIP			
					OZIOVIJA Eta dala Chakukan I fundbox	

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: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 407. 482.3444