

**\* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
96 AUG 26 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004410 (4)**

1. Corporation Name

**THAD, INC.**



Principal Place of Business

Mailing Address

% TRAVIS E. GUERRA  
5111-13 BAYMEADOWS ROAD  
JACKSONVILLE FL 32217

% TRAVIS E. GUERRA  
5111-13 BAYMEADOWS ROAD  
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified  
**01/19/1994**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

**8687 IVY MILL CT**

**JAX, FL**

**32244**

**USA**

4. FEI Number  
**59-0074165**

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

**GUERRA, TRAVIS E  
5111-13 BAYMEADOWS ROAD  
JACKSONVILLE FL 32217**

81 Name **GA**

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

**TRAVIS GUERRA**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **D GUERRA, THAD C**  
STREET ADDRESS **8234 SPENCERS TRACE DRIVE**  
CITY - ST - ZIP **JACKSONVILLE FL 32244**

TITLE  DELETE

NAME **D GUERRA, TRAVIS E**  
STREET ADDRESS **8687 IVY MILL CT**  
CITY - ST - ZIP **JACKSONVILLE FL 32244**

TITLE  DELETE

NAME **D HAGAN, STEVEN C**  
STREET ADDRESS **9858 WESTHOURNE CT**  
CITY - ST - ZIP **JACKSONVILLE FL 32221**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**000001936120**

2.1 TITLE

**-08/30/96 -01001 Change 003 Addition**

2.2 NAME

**\*\*\*\*225.00 \*\*\*\*225.00**

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

**TAB**

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 617, 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

**TRAVIS GUERRA**

**8/27/92**

**904-779-2240**

CR2E034 (3/96)