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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000029110 (1)

1. Corporation Name  
ITHINK, INC.



Principal Place of Business

505 AVE. A NW  
SUITE 100  
WINTER HAVEN FL 33881

Mailing Address

505 AVE. A NW  
SUITE 100  
WINTER HAVEN FL 33881-4626

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
04/14/1994

3a. Date of Last Report  
08/20/1996

4. FEI Number  
59-3258727

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

LOODY, INGRAM  
505 AVE. A NW  
SUITE 100  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name LEEDY, INGRAM  
82 Street Address (P.O. Box Number is Not Acceptable)  
505 AVE A NW SUITE 100  
83 WINTER HAVEN  
84 City FL 85 Zip Code 33881

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 name of registered agent, and date (NOTE: Registered Agent signature required when reinstating)

4/18/97

12. OFFICERS AND DIRECTORS

TITLE P/N  
NAME LOODY, INGRAM  
STREET ADDRESS 505 AVE. A NW #100  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE T  
NAME LOODY, MARJORIE  
STREET ADDRESS 505 AVE. A NW #100  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE P/N  
NAME LEEDY, INGRAM  
STREET ADDRESS 505 AVE A NW #100  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

CR2E034 (9/96)