

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 15 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032917 (4)**

1. Corporation Name

THOR CONSULTING SERVICES, INC.

Principal Place of Business

3525 CLIFDEN DR
TALLAHASSEE FL 32308

Mailing Address

3525 CLIFDEN DR
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report

4. FEI Number

59-3244208

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 filing under the tax law of 1993.
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip

2b. Mailing Address

26 Suite, Apt #, etc.

28 City & State

29 Zip

Country

30

Same

Calvin A. Gilbert

4/23/95

GILBERT, CALVIN A
3525 CLIFDEN DR
TALLAHASSEE FL 32308

81 Name *CALVIN A. GILBERT*

82 Street Address (P.O. Box Number is Not Acceptable)
3525 CLIFDEN DRIVE

83

84 City *TALL* **85 Zip Code** *32308*

10. Name and Address of New Registered Agent

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 of the registered agent and the filer, if applicable

NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

CALVIN A. GILBERT
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

CLARA A. GILBERT
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

3525 CLIFDEN DR Change Addition
TALLAHASSEE, FL 32308

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

3525 CLIFDEN DR Change Addition
TALLAHASSEE, FL 32308

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

Change Addition

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

Change Addition

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

** 5/15/95* 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 110.07(3)(b), Florida Statutes. I further certify that the information reported 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an alternate page, if an addition.

SIGNATURE:

SIGNATURE MUST BE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95

648-6457