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Apr 28 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 # P94000032917 (4)

1. Corporation Name
THOR CONSULTING SERVICES, INC.



Principal Place of Business

Mailing Address

3525 CLIFDEN DR
TALLAHASSEE FL 32308

3525 CLIFDEN DR - 1880 WEST WORTH LANE
TALLAHASSEE FL 32308-2425 GREEN COVE SPRINGS, FL 32043

1880 WEST WORTH LANE
GREEN COVE SPRINGS, FL 32043

3. Date Incorporated or Qualified 04/26/1994
3a. Date of Last Report 06/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3244208
Applied For Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

Country

25. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, CALVIN A
3525 CLIFDEN DR
TALLAHASSEE FL 32308

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 registering agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P
TITLE
NAME GILBERT, CALVIN A
STREET ADDRESS 3525 CLIFDEN DR 1880 WEST WORTH LANE
CITY-ST-ZIP TALLAHASSEE FL 32308 GREEN COVE SPRINGS FL 32043

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

S
TITLE
NAME GILBERT, CLARA A
STREET ADDRESS 3525 CLIFDEN DR 1880 WEST WORTH LANE
CITY-ST-ZIP TALLAHASSEE FL 32308 GREEN COVE SPRINGS FL 32043

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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)(i), 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 in an attachment with an address.

SIGNATURE:

Calvin A Gilbert

4/16/97 904-284-3178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)