FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____1**9**98

DOCUMENT # P9400053410 (4)

THORPE INDUSTRIES, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1526 E STATE AVE 1526 E STATE AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1994 Mailing Address P.O. BOX 2. Principal Place of Business FEI Number Applied For 731235 21 59-3259843 Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing ormana 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RHYNARD, M.A. 515 S. RIDGEWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32114** 83 84 City 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 d when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Change DELETE Addition TITLE 1.1 TITLE President/owner THORPE, JAMES G 1.2 NAMÉ Larry Mc Waters 1526 State Avenue Unite NAME **1526 E STATE AVE** 1.3 STREET ADDRESS STREET ADDRESS HOLLY HILL FL Holly HILL FL 32117 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 2.1 HILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. C(TY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-20P DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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.