

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

06-29-1999 90001 040 \*\*\*158.75  
P95000010071

DOCUMENT # P95000010071

Corporation Name  
CHARLES E. THORPE, INC.

99 AUG 10 PM 12:22

Principal Place of Business  
304 LAKE DOE BLVD.  
APOPKA FL 32703  
US

Mailing Address  
304 LAKE DOE BLVD.  
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/02/1995

4. FEI Number

50-3263749

Applied For

Not Applied

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 owes the current year intangible  
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

THORPE, CHARLES E  
304 LAKE DOE BLVD.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

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 607.1506, 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when establishing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.2

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.7

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.8

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: *Charles E. Thorpe*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. THORPE/RA

05/march/99 407 834 3500



## COMPUTER DEPOT

188 Sausalito Boulevard  
Casselberry, Florida 32707  
(407) 834-3500 • FAX: (407) 767-0300

06/23/99

P95000010071  
580503-90001-40

To All That it May Concern:

As per instructed I am forwarding a copy of my 1999 annual report along with a replacement check.

This report, along with payment, was mailed on 05 May 1999 and obviously never received by your office.

Please accept this as our official filing

Sincerely,

Charles E. Thorpe