

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000017038 (7)

1. Corporation Name

THORNTON FINANCIAL SERVICES, INC.



Principal Place of Business

2731 SILVER STAR RD  
ORLANDO FL 32808

Mailing Address

2731 SILVER STAR RD  
ORLANDO FL 32808

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3299473

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

THORNTON, ROBERT G  
2731 SILVER STAR RD  
ORLANDO FL 32808

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 (Type or print name of the person signing this statement)

(If filer is Registered Agent, type name of corporation)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

THORNTON, ROBERT G  
2731 SILVER STAR RD  
ORLANDO FL 32808

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY-ST-ZIP

21

TITLE

22

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE:

*Robert G. Thornton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4.96 (407) 578-2522  
Date Daytime Phone #

CR2E034 (12/95)