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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102240 (4)

THURBER & SON CONSTRUCTION, INC.

			<u> </u>			
Principal Place of Business		Mailing Address				1 11811 48110 11616 11811 6181 6811 (681
1544 MANATEE STREET INTERCESSION CITY FL 33848		1544 MANATEE STREET INTERCESSION CITY FL 33848				
~					3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report
2. Principal F	Place of Business	28. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodic of Cidica (Science	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24]	25	29	30		Florida Statutes L 10. Name and Address of New Ro	Yes No
	9, Name and Address of Curre	ur vedistered whent	81	Namo		
	ES ROBERT S		0.	GA	RY THURBE	R OR
	W/INE STREET		82	Street Add	ress (P.O. Box Number is Not Accepta	ble) ST.
KISS	INPLEE FL 34741		83	194	4 MANHIEL	
	•		100			
			84	City	TERCESSION	FL 85 Zip Code 33848
dd Dissussit	to the provisions of Scotions ED7 OF	22 and CO7 1609 Etorida Cta	titon the element			
11. Pursuant to the provisions of Sections 607,0502 and 607,0508, 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 on ted name of registered au	C AL,	MC11 - Propietorari Aru	int signature remul	irod w) en reinstal eg)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 1114.6			Change Addition
NAME	THURBER, GARY SR		1.2 NAMÉ			
STREET ADDRESS	1544 MANATEE ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	INTERCESSION CITY FL 33848	}	1.4 CITY - 5	1- 7IP		
TITLE		☐ DELETE	21 TITLE			Change Addition
NAME	1		22 NAME			1
STREET ADDRESS			2 3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CiTY-	\$1 - ZIP		
TITLE		DELETE	31 THLE			☐ Change ☐ Addition
NAME			3.2 NAME			·
STREET ADDRESS			33 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY -	S1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY- 9	S1 - Z IP		
TITLE		DELFTE	5.1 TITLE			Change Dodition
NAME			5.2 NAME		•	1/6 /19</td
STREET ADDRESS			5.3 STREET	ADDRESS		4/1/4/1/
CITY-ST-ZIP			5.4 CHY - 9	51 - 71P	geritor garren g	
TITLE		☐ DELETE	6.1 TITLE		50000219	SET ZESpange LI Addition
NAME			6.2 NAME		-05/05/97010	14 (==U31
STREET ADDRESS			6.3 STREET	ADDRESS	***165.00	

14. I do hereby certify that the information supplied with this filling 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 it made under eath; 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.

FILED

May 01 1997 8:00am

Secretary of State