

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 14 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032533 (6)

1. Corporation Name

J DENNIS THORNE, P.A.

Principal Place of Business

5007 FORESTAY CT.
NEW PORT RICHEY FL 34652

Mailing Address

5007 FORESTAY CT.
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

59-3440554

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

~~KEATON, KAREN S~~
~~1 BEACH DR., SE, STE. 200~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A., d/b/a AmeriLawyer
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0002 and 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the change of registered office or registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the change of registered office or registered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE By:

Natalia Utrera, Vice-President

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME THORNE, J. DENNIS
STREET ADDRESS 5007 FORESTAY CT.
CITY-STATE-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME THORNE, ROBIN M
STREET ADDRESS 5007 FORESTAY CT.
CITY-STATE-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
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3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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 on an attachment with an address.

SIGNATURE:

Robin M Thorne, V.P. Robin M. Thorne 3/24/98 813-846-7280

CR2E034 (10/97)