SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700058861 (0)

THORNHILL RP, INC.

FILED
Jul 30 1998 8:00am
Secretary of State

21198

813-9171-01000

Principal Place of Bu	siness	Mailing Address				T COMPLETE THE PARTY SHEET MODEL MANY BEING BEIN	
8600 HIDDEN RIVER P		8600 HIDDEN RIVER PARKWAY					
PALM COURT SUITE 100		PALM COURT SUITE 100			1	DO NOT WRITE IN THIS SPACE	
TAMPA FL 33637		TAMPA FL 33637		-	3. Date Incorporated or Qualified		
					\	06/27/1997	
2. Principal Place of	2a. Mailing Address				4. FEI Number	Applied For	
21 100 THORNALLEDAD 26 100 THORN			HAL ROAD			99-3467971	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 ANBURNDALE FL		28 AUGURNAME FL			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	•		8. This corporation owes or has paid the	current year Intangible
24 33823	[58] 33852	30 USA			Personal Property Tax due June 30. Y Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
HADLOW, RICHARD B				81 Name			
	H FRANKLIN ST.		82 Street Addre		t Address	ess (P.O. Box Number is Not Acceptable)	
TAMPA FL	33802						
			8:	5			
•			84	City			85 Zip Code
		····		<u></u>			• <u>L </u>
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							
	, typed or printed name of registered agent			Agent signat	ture required	when reinstating) DAT	
12.	OFFICERS AND	···		13.		ADDITIONS/CHANGES TO OFFICERS	
		DELETE	1		12/3	D/T	Change Addition
NAME			1.2 NAME		200	ext bishmein de	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE						~PA, FL 33847	
l i	[_] DELETI				VIS	tired in griundeit	Change Addition
NAME			2 2 NAME		VM	STAPPY NIGHT ST.	Ī
STREET ADORESS	•			T ADDRESS			7
CITY-ST-ZIP TITLE			3.1 TITLE		WES	CLEY CHAPEL, FL 3354	
NAME		L DELETE	3.2 NAME	(1306	c Brumbach	Change Addition
STREET ADDRESS				* ***	1 .	THORNHILL ROAD	
1			1	1 ADDRESS	1		l
CITY-ST-ZIP TITLE		[]	3.4 CITY-S	1-ZIP	100	BURNAME , FL 33823	
NAME		L] DELETE	4.2 NAME		1		Change Addition
STREET ADDRESS				T ADDRESS			
					1		
CITY-ST-ZIP TITLE			4.4 CITY-9 5.1 TITLE	1-212	 		[] Channe [] #228000
NAME		[_] DELETE	5.2 NAME				Change Addition
l .				14000000	.		
STREET ADDRESS				T ADDRESS	']		
CITY-ST-ZIP TITLE		Document	5.4 CITY-S 6.1 TITLE	1-ZIP			
		L_] DELETE					Change Addrton
NAME STREET ADORESS			6.2 NAME	T ADDRESS			
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP	at the information supplied with t	his filmo does not qualify for the	6.4 CITY-S		L	119 07/3)(i) Florida Statutes I further cert	ify that the information
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 on an attachment with an address.							