

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 002 ***550.00

DOCUMENT # **P98000099425**
Corporation Name
THURGALAND MARKETING AND CONSULTING, INC.



Principal Place of Business
**140 SE 133RD TERR
OCCLAHAWA FL 32183**

Mailing Address
**12140 SE 133RD TERR
OCCLAHAWA FL 32183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1998	
4. FEI Number 59-3552860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 1651 S.W. 42ND ST.	2a. Mailing Address 1651 S.W. 42ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OCCALA, FLORIDA	City & State OCCALA, FLORIDA
Zip 34474	Country USA
25	29
26	30

9. Name and Address of Current Registered Agent

**THURGALAND, ROBERT A
12140 SE 133RD TERR
OCCLAHAWA FL 32183**

10. Name and Address of New Registered Agent

81 Name ROBERT A. THURGALAND
82 Street Address (P.O. Box Number is Not Acceptable) 1651 SW 42ND ST
83
84 City OCCALA
85 Zip Code FL 34474

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.

NATURE **ROBERT A. THURGALAND, PRES/SEC** **Robert A. Thurgaland** **8-31-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D THURGALAND, ROBERT A	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS 12140 SE 133RD TERR		1.2 NAME	
3. CITY-STATE-ZIP OCCLAHAWA FL 32183		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
4. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS		2.2 NAME	
6. CITY-STATE-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
7. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
10. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
16. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: **Robert A. Thurgaland** **8-19-99** **352-873-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)