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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000099623 1. Corporation Name THRINAX, INC.		



Principal Place of Business P.O. BOX 4588 KEY WEST FL 33041	Mailing Address P.O. BOX 4588 KEY WEST FL 33041
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1207 Grinnell St. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/30/1998	
22 City & State 23 KEY WEST FL.		27 City & State		4. FEI Number 65-0900245 Applied For Not Applicable	
24 33040 25 Monroe		29 Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26 30		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GILLEY, CARL P 1207 GRINNELL STREET KEY WEST FL 33040		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 607.1508, 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 *Carl Gilley* DATE 4/5/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GILLEY, CARL P 1207 GRINNELL STREET KEY WEST FL 33041 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST- ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE *Carl Gilley President* DATE 4/5/99 (305)296-8266
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (11/98)