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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Corporation Name
THORNLEY PROPERTIES, INC.

DOCUMENT #

564002

Mailing Address
P. O. BOX 616606
ORLANDO FL 32861-6606
US

Principal Place of Business
P.O. Box 616606
Orlando, FL 32861-6606

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified 06/28/1991	3a. Date of Last Report 3/8/94
4. FEI Number 59-3079260	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 PO BOX 616606 27 Suite, Apt. #, etc. 28 ORLANDO, FL 29 Zip 30 32861 31 Country 32 U.S.
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9. Name and Address of Current Registered Agent

CARTER, SION W.
401 E. JACKSON STREET
SUITE 101
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/D HIRST, MILDRED 401 E. JACKSON ST., #101 ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	7000001471677 -05/02/95--01147--016 *****200.00 *****200.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S/D NIEC, N. A. 401 E. JACKSON ST., #101 ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V/D HIRST G.T. 401 E. JACKSON ST., #101 ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

I, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.T. HIRST, VP

4/19/95

407-296-6200

Copy to File