



**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # S73314</b> 1. Entity Name <b>LATHRUP CORP.</b>				<b>Secretary of State</b> 01-09-2004 90072 003 ***150.00	
Principal Place of Business <b>940 WEST HWY 50 MASCOTTE, FL 34753</b>		Mailing Address <b>940 WEST HWY 50 MASCOTTE, FL 34753</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>59-3081226</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THRIFT, DEWAYNE CLAUDE JR. 940 WEST HWY 50 MASCOTTE, FL 34753</b>				7. Name and Address of New Registered Agent Name <b>Robert Wery</b> Street Address (P.O. Box Number is Not Acceptable) <b>4606 Foster Lane</b> City <b>Zephyrhills</b> FL Zip Code <b>33541</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> <b>Robert K Wery</b> DATE <b>1-7-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRIFT, DEWAYNE C 940 WEST HWY 50 MASCOTTE, FL 34753 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert Wery 4606 Foster Lane Zephyrhills, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THRIFT, RONE 425 E. 6TH AVE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Wanda Hunt 4606 Foster Lane Zephyrhills, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>Robert K Wery</b> DATE <b>1-7-04</b> 352-429-9071 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					