FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

4/17/96 B 3144 C

DOCUMENT # **V11904**

(2)

1. Corporation Name

THORNEHILL, INC.

Principal Place of Business	Mailing Address
4509 N.W. 23RD AVENUE SUITE 16 GAINESVILLE FL 32606	4509 N.W. 23RD AVENUE SUITE 16 GAINESVILLE FL 32606

3. Date Incorporated or Qualified: 02/06/1992	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3106656	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 N.W. 27TH LANE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: WALLACE, HOWARD K JR.
82 Street Address (P.O. Box Number is Not Acceptable): ROUTE 2, BOX 2154
83
84 City: MELROSE FL 85 Zip Code: 32666

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: x /s/ H K Wallace Jr

Howard K. Wallace, Jr. 3/28/96

Signature of, or typed or printed name of, individual who signs above — Florida Registered Agent's name (if agent is changing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SPAIN, THOMAS C.	2 NAME	
STREET ADDRESS	2321 NW 41 ST SUITE A2	3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	SPAIN, SUSAN B.	2 2 NAME	
STREET ADDRESS	2321 NW 41 ST SUITE A2	2 3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2 4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, HOWARD K., JR.	3 2 NAME	
STREET ADDRESS	4509 N.W. 23RD AVENUE	3 3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3 4 CITY-ST-ZIP	
TITLE	DSTV ☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, ANNE M	4 2 NAME	
STREET ADDRESS	4509 N.W. 23RD AVENUE	4 3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. 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)(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: x /s/ H K Wallace Jr Howard K. Wallace, Jr. 3/28/96 352-377-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #