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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V11904 (2)

1. Corporation Name  
THORNEHILL, INC.

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

Mailing Address  
4509 N.W. 23RD AVENUE  
SUITE 16  
GAINESVILLE FL 32606-6570



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALLACE, HOWARD K. JR.  
ROUTE 2, BOX 2154  
MELROSE FL 32666

3. Date Incorporated or Qualified  
02/06/1992

3a. Date of Last Report  
04/17/1996

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8021 NE 221 Street

83

84 City

Melrose

FL

85 Zip Code  
32666

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP  
NAME SPAIN, THOMAS C.  
STREET ADDRESS 2321 NW 41 ST SUITE A2  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE DVP  
NAME SPAIN, SUSAN B.  
STREET ADDRESS 2321 NW 41 ST SUITE A2  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE DP  
NAME WALLACE, HOWARD K., JR.  
STREET ADDRESS 4509 N.W. 23RD AVENUE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE DSTV  
NAME WALLACE, ANNE M  
STREET ADDRESS 4509 N.W. 23RD AVENUE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Gainesville, FL 32606  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Gainesville, FL 32606  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 4509 NW 23rd Avenue, Suite 16  
3.4 CITY-ST-ZIP Gainesville, FL 32606  
☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 4509 NW 23rd Avenue, Suite 16  
4.4 CITY-ST-ZIP Gainesville, FL 32606  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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: Anne M. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

352-377-2240

Daytime Phone #

0067047

CR2E034 (9/96)