

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4707 NW 53 Ave Suite, Apt. #, etc. 22 Suite A City & State 23 Gainesville, FL Zip Country 24 32606 25 USA		2a. Mailing Address 26 4707 NW 53 Ave Suite, Apt. #, etc. 27 Suite A City & State 28 Gainesville, FL Zip Country 29 32606 30 USA		3. Date Incorporated or Qualified 02/06/1992	
4. FET Number 59-3106656		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent WALLACE, HOWARD K. JR. 8021 NE 221 ST MELROSE FL 32608				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

Signature, typed or printed name, of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	11 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAIN, THOMAS C.	12 NAME	
STREET ADDRESS	2321 NW 41 ST SUITE A2	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DVP <input type="checkbox"/> DELETE	21 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAIN, SUSAN B.	22 NAME	
STREET ADDRESS	2321 NW 41 ST SUITE A2	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DP <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, HOWARD K., JR.	32 NAME	
STREET ADDRESS	4509 NW 23RD AVE STE 16	33 STREET ADDRESS	4707 NW 53 Ave, Suite A
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DSTV <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ANNE M	42 NAME	
STREET ADDRESS	4509 NW 23RD AVE STE 16	43 STREET ADDRESS	4707 NW 53 Ave, Suite A
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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

Anne M. Wallace

Sec./Treasurer

SIGNATURE: *Anne M. Wallace*

4/28/98

352-377-2240

CR2E034 (10/97)