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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V40631

1. Corporation Name

THIBERG CORPORATION

Principal Place of Business	Mailing Address		
1906 CANDLEWOOD DR	1906 CANDLEWOOD DR		
NAVARRE FL 32566	NAVARRE FL 32566		

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90074 048 ***150.00



Principal Place	of Business	Mai	ling Address								
1906 CANDLEWOOD DR 1906 CANDLEWO NAVARRE FL 32566 NAVARRE FL 32			1906 CANDLEWOOD DR								
			ARRE FL 32566				DO NOT WRITE IN THIS SPACE				
								TE IN THIS	SFACE		٦.
							3. Date Incorporated or Qualified 06/01/1992				
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For	j
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				E. Contiferate of Status Depleted		\$8.7	5 Additional	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
<u></u> , · · ·			27				5. Certifcate of Status Desired	Ц	Fee	Required	
City & State			City & State				6. Election Campaign Financing S5.00 May Be				
28						Trust Fund Contribution		Adde	ed to Fees		
Zip Country Zip			Cot	intry		8. This corporation owes the curr	ent year Inta	ngible		Į	
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre		ered Agent	14-1			10. Name and Address of New I	Registered /	Agent]
<u></u> _		<u>=</u>			81	Name					Ţ
CAMI	PBELL, LAWRENCE G JR				_		(S.O. S. N tonic Net Access	- hi a \			4
	CANDLEWOOD DR				82	Street Add	fress (P.O. Box Number is Not Accept	abie)			1
NAV/	NRRE FL 32566				83						٦.
											4
					84	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statu	tes, the a	bove	-named cor	poration submits this statement for the	purpose of	hanging	its registered	7
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	a. Such change was a	authorize	עם ב	tne corporat	ion's board of directors. I hereby acce	pt the appoin	itment as	registered	
SIGNATURE	•	•									Ţ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable (NOTE	: Registere	Agen	t signature requir	ed when reinstating)	DATE			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS AN			վ Չ
TITLE	D		☐ DELETE	1.1 Ti	TLE				Chan	ge 🔲 Addition	' :
NAME	BERG, CINDY			1.2 N	AME	ì					13
STREET ADDRESS	159 RICHBURG AVE			1.3 \$	TREET	ADDRESS					1 3
CITY-ST-ZIP	SHALIMAR FL 32579			140	πy-s ¹	r-zie					_ ձ
TITLE	D		☐ DELETE	2.1 T	TLE		· · · · · · · · · · · · · · · · · · ·		Chan	ige · 🗌 Additio	י (י
NAME	CAMPBELL, LAWRENCE E JR	!		2.2 N	AME						
STREET ADDRESS	1906 CANDLEWOOD DR			2.3 \$	TREET	ADDRESS					·
CITY-ST-ZIP	NAVARRE FL 32566			2.40	ITY-S	T-ZIP					
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NAME						ADDRESS					
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NAME **				6.2 N							
STREET ADDRESS	A30			6.3 S	TREET	ADDRESS					-

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP