## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 04/30/2013

PRESIDENT

### SIGNATURE: MARK THOURES

Electronic Signature of Signing Officer/Director Detail

Entity Name: THUNDER INN, INCORPORATED

#### **Current Principal Place of Business:**

**5190 NORTH FLORIDA AVENUE** HERNANDO, FL 34442-4021

### **Current Mailing Address:**

**5190 NORTH FLORIDA AVENUE** HERNANDO, FL 34442-4021

## FEI Number: 20-4884971

### Name and Address of Current Registered Agent:

THOURES, MARK T 8709 DONNA LU DRIVE ODESSA, FL 33556 US

Date

Certificate of Status Desired: No

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.

## SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	THOURES, MARK T	Name	THOURES, STEVE T
Address	8709 DONNA LU DRIVE	Address	5190 N FLORIDA AVENUE
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	HERNANDO FL 34442

Date