SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16, 1999 8:00 am
Secretary of State
08-16-1999 90006 048 ***550.00

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DOCUMENT # P93000056577

1. Corporation Name
THERMACELL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5419 PROVOST DRIVE HOLIDAY FL 34690 US	5419 PROVOST DRIVE HOLIDAY FL 34690 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993

2. Principal Place of Business	2a. Mailing Address
21 1125 COMERCE BLVD	26 1125 COMMERCE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FLORIDA	City & State 28 SARASOTA, FLORIDA
Zip 24 34243 Country 25 USA	Zip 29 34243 Country 30 USA

4. FEI Number: 59-3223708 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COUTURE, GERALD 901 CHESTNUT ST. SUITE A CLEARWATER FL 33756	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PIDORENKO, JOHN		1.2 NAME		
STREET ADDRESS	8457 EAGLE PRESERVE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTE FL 34241		1.4 CITY-ST-ZIP		
TITLE	DTSV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COUTURE, GERALD		2.2 NAME		
STREET ADDRESS	901 CHESTNUT ST., STE. A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STILES, KENDAL		3.2 NAME		
STREET ADDRESS	513 N CASEY KEY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHOVLICH, PETER		4.2 NAME		
STREET ADDRESS	1096 AMBERCROFT LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE ON L6M1Z		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D DONALD HUGGINS	☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	901 CHESTNUT ST., STE B	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
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		

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.

SIGNATURE: SIGNATURE Gerald Couture 8/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)