

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000002808 (3)

1. Corporation Name

THERMOGRAPHIC CONSULTANTS, INC.

Principal Place of Business

7600 W. HWY. 146, PO BOX 160
PEWEE VALLEY KY 40056

Mailing Address

7600 W. HWY. 146, PO BOX 160
PEWEE VALLEY KY 40056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/27/1994

4. FEI Number

61-1103134

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent - *O - DUE*

9. Name and Address of Current Registered Agent

DOLGIN, JULIA
7933 BAYMEADOWS WAY, SUITE #7
JACKSONVILLE FL 32256

81 Name

SAME

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

53 FISHERMANS COVE RD. #53

83

84 City

PONTE VERDA BEACH FL

85 Zip Code

32082

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTC
DOLGIN, JULIA
7600 W. HWY 146, PO BOX 160
PEWEE VALLEY KY 40056

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VO
WIX, C D
7600 W. HWY 146, PO BOX 160
PEWEE VALLEY KY 40056

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DOLGIN, RICHARD T
7600 W. HWY 146, PO BOX 160
PEWEE VALLEY KY 40056

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ 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

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

Julia Dolgin / JULIA DOLGIN 5/19/98 502-554444

CR2E034 (10/97)