

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 270499 (7)

1. Corporation Name

TAMPA THERMOGRAVERS, INC.



Principal Place of Business

Mailing Address

1615 WEST KENNEDY BOULEVARD
TAMPA FL 33606

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TAMPA FL 33606

3. Date Incorporated or Qualified

05/31/1963

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1006523

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSHEN, ROBERT A
109 MORROW CIRCLE
BRANDON FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SD
WEHLE, HENRY E.
STREET ADDRESS
6803 SPENCER CIR
CITY-ST-ZIP
TAMPA, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
WEHLE, GERARD
STREET ADDRESS
404 N 28TH STREET
CITY-ST-ZIP
TAMPA, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VT
CUSHEN, ROBERT A
STREET ADDRESS
109 MORROW CIR
CITY-ST-ZIP
BRANDON, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
CUSHEN, ROBERT A.
STREET ADDRESS
109 MORROW CIRCLE
CITY-ST-ZIP
BRANDON FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/96 8B-254-2681

CR2E034 (12/95)