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FILED

Feb 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

1615 WEST KENNEDY BOULEVARD  
TAMPA FL 33606

Mailing Address

1615 WEST KENNEDY BOULEVARD  
TAMPA FL 33606-1844

3. Date Incorporated or Qualified

05/31/1963

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

21 1506 W. Kennedy Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 1506 W. Kennedy Blvd  
Suite, Apt. #, etc.

4. FEI Number

59-1006523

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

CUSHEN, ROBERT A  
109 MORROW CIRCLE  
BRANDON FL

10. Name and Address of New Registered Agent

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

TITLE SD ☐ DELETENAME WEHLE, HENRY E.  
STREET ADDRESS 6803 SPENCER CIR  
CITY - ST - ZIP TAMPA, FL 00000TITLE PD ☐ DELETENAME WEHLE, GERARD  
STREET ADDRESS 404 N 28TH STREET  
CITY - ST - ZIP TAMPA, FL 00000TITLE VT ☐ DELETENAME CUSHEN, ROBERT A  
STREET ADDRESS 109 MORROW CIR  
CITY - ST - ZIP BRANDON, FL 00000TITLE D ☐ DELETENAME CUSHEN, ROBERT A.  
STREET ADDRESS 109 MORROW CIRCLE  
CITY - ST - ZIP BRANDON FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: ROBERT A. CUSHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB 97 813-254-2681

Date Daytime Phone #

CR2E034 (9/96)