FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 270499

(7)

FILED
Jan 27 1998 8:00am
Secretary of State

i. Corporatio	ATTRACTOR — · · · · · ·	(')			f	
TAMPA THERMOGRAVERS, INC.						
					[[
					-	
Principal Place of Business Mailing Address						
1506 W KENNEDY BLVD 1506 W KENNEDY BLVD						
TAMPA FL 33606 TAMPA FL 33606 US US					DO NOT WRITE IN THIS	S SPACE
00		66			3. Date Incorporated or Qualified	
					05/31/1963	
Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For
21 26		··· · · · · · · · · · · · · · · · · ·			59-1006523	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
⊸ i '				У.	8. This corporation owes or has paid the c	
24	25 25 9. Name and Address of Currer	29 3	<u> </u>		Personal Property Tax due June 30. 10. Name and Address of New Registerer	Yes No
		it negistered Agent	81	Name	10. Name and Address of New Registerer	n Water
	ISHEN,ROBERT A		Ľ	ranc		* *
109 MORROW CIRCLE			82	Street Addre	ess (P.O. Box_Number is Not Acceptable)	·
BR	andon fl		83			
			00			
			84	City	F	85 Zip Code
44 Pureuant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes	the show	e-named corp		
office or	registered agent, or both, in the State	of Florida. Such change was aut	horized b	y the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ppointment as registered
	am familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	s.		·
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: F	tealstered Aa	ent signature regula	ed when reinstating) DATE	·l
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	SD	DELETE 1.3 T		-		☐ Change ☐ Addition
NAME	WEHLE, HENRY E.	HENRY E. 1.2 h		Ì		4:
STREET ADDRESS	6803 SPENCER CIR 1.35		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	AMPA, FL 00000 1.40		ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE			Change
NAME	WEHLE, GERARD 2.2 N		2.2 NAME	İ		
STREET ADDRESS	404 N 28TH STREET 2.3 S		2.3 STREET	F ADDRESS		
CITY-ST-Z₽			2. 4 CITY -	ST-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME	CUSHEN, ROBERT A		3.2 NAME			
STREET ADDRESS	*** ***********************************		3.3 STREET	ADDRESS		
CITY-ST-ZIP	BRANDON, FL 00000		3.4. CITY-	ST-ZIP		
TITLE	D	L DELETE	4.1 TITLE			Change Addition
NAME	CUSHEN, ROBERT A.		4. 2 NAME			
STREET ADDRESS	109 MORROW CIRCLE		4.3 STREET	F ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change
NAME			5.2 NAME	Ì		;
STREET ADDRESS		· ·	5.3 STREET	ADDRESS		j
CITY-ST-ZIP	1			77_710		
		The ere	5.4 CITY-9	01-21		
TITLE		☐ DELETE	6,1 TITLE	31-21		☐ Change ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE	6,1 TITLE 6,2 NAME 6,3 STREET	ADDRESS		Chạnge Addition
NAME STREET ADDRESS CITY-ST-ZIP	partify that the information was		6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S	ADDRESS ST-ZIP	Section 119.07(3)(1), Florida Statutes. I further o	

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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter or on an attackment with all address.

SIGNATURE:

COURED

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813-2542681