

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 322100 (9)

1. Corporation Name

THERMAL ENGINEERING CO.



Principal Place of Business

FOOT OF EAST ADAMS
P.O. BOX 3935
JACKSONVILLE FL 32206-0935

Mailing Address

FOOT OF EAST ADAMS
P.O. BOX 3935
JACKSONVILLE FL 32206-0935

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1967

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1174130

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

10. Name and Address of New Registered Agent

DUNN, ANNA L.
2060 E. ADAMS ST.
JACKSONVILLE FL 32202

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 state, if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHIFFERT, JOSEPH B
STREET ADDRESS 5105 BUFFALO AVE
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE VD
NAME SHIFFERT, NANCY
STREET ADDRESS 5105 BUFFALO AVE
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE SD
NAME DUNN, ANNA L.
STREET ADDRESS 5105 BUFFALO AVE
CITY-STATE-ZIP JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE Change Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE Change Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

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 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: Anna L. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 801-354-3278
Date Daytime Phone #

CR2E034 (12/95)