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**APPROVED
AND
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95 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 405071 (2)

1. Corporation Name

THERMAL EQUIPMENT SYSTEMS, INC.

Principal Place of Business

**1755-M W. BRANDON BLVD.
BRANDON FL 33511**

Mailing Address

**P.O. BOX 1461
BRANDON FL 33509**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/18/1972

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 4024 Murfield Dr. E. 26 P. O. Box 20746

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 Bradenton, FL

27
City & State
28 Bradenton, FL

24 Zip 34203 25 Country

29 Zip 34203 30 Country

4. FEI Number

59-1412503

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

**BROWN, RUSSELL
1755-M W. BRANDON BLVD.
BRANDON FL 33511**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)
4024 Murfield Dr. E.

B3

B4 City
Bradenton

FL

B5 Zip Code
34203

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 consenting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**12. TITLE PTD
NAME BROWN, RUSSELL
STREET ADDRESS 114 LAUREL TREE WAY
CITY - ST - ZIP BRANDON FL**

1. 1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**4024 Murfield Dr. E.
Bradenton, FL 34203**

1.4 CITY - ST - ZIP

**TITLE SD
NAME BROWN, BOBBIE C
STREET ADDRESS 114 LAUREL TREE WAY
CITY - ST - ZIP BRANDON FL**

2. 1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**4024 Murfield Dr. E.
Bradenton, FL 34203**

2.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

3. 1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4. 1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

5. 1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 applicable, or on an attachment with an address.

SIGNATURE:

Russell S. Brown, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell S. Brown, President

4-26-95

813-756-2581

Date

Daytime Phone #