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 # **524147** **(6)**

1. Corporation Name

THERM-O-TYPE CORPORATION

Principal Place of Business	Mailing Address
509 CHURCH ST. P O BOX 998 (342740998) NOKOMIS FL 34275	509 CHURCH ST. P O BOX 998 (342740998) NOKOMIS FL 34275

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **01/20/1977**

3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-1815174** ☐ 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

VAN PELT, E E, SR
2506 NORTHWAY DR VENICE 33595 BX 998
NOKOMIS, FL
33555

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 of a new registered agent required if agent is changing) (NOTE: Registered Agent's signature required when adding) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, CHRISTOPHER K		1.2 NAME		
STREET ADDRESS	405 MURILLO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, MARTIN J		2.2 NAME		
STREET ADDRESS	574 GARDEN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, E E SR		3.2 NAME		
STREET ADDRESS	2506 NORTHWAY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, E E JR		4.2 NAME		
STREET ADDRESS	5025 COCOLALLA CREEK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOLALLA ID		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOK, NANETTE VP		5.2 NAME		
STREET ADDRESS	491 CONRAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, JOYCE		6.2 NAME		
STREET ADDRESS	2506 NORTHWAY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		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 119.07(3)(x), 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 added in an attachment with an address.

SIGNATURE: E Eldon Van Pelt Sr 1-26-96 941-488-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)