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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
509 CHURCH ST.  
P O BOX 998 (342740998)  
NOKOMIS FL 34275

Mailing Address  
509 CHURCH ST.  
P O BOX 998 (342740998)  
NOKOMIS FL 34275-2722



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
01/20/1977

3a. Date of Last Report  
02/06/1996

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME VAN PELT, CHRISTOPHER K  
STREET ADDRESS 405 MURILLO DR.  
CITY - ST - ZIP NOKOMIS FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME VAN PELT, MARTIN J  
STREET ADDRESS 574 GARDEN RD  
CITY - ST - ZIP VENICE, FL 00000

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE PD ☐ DELETE  
NAME VAN PELT, E E SR  
STREET ADDRESS 2506 NORTHWAY DR.  
CITY - ST - ZIP VENICE, FL 00000

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE S ☐ DELETE  
NAME VAN PELT, E E JR  
STREET ADDRESS 5025 COCOLALLA CREEK RD  
CITY - ST - ZIP COCOLALLA ID

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS 4017 BLACKTAIL ROAD  
44 CITY - ST - ZIP

TITLE T ☐ DELETE  
NAME COOK, NANETTE VP  
STREET ADDRESS 491 CONRAD  
CITY - ST - ZIP VENICE, FL 00000

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME VAN PELT, JOYCE  
STREET ADDRESS 2506 NORTHWAY DR  
CITY - ST - ZIP VENICE, FL 00000

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: *E. E. Van Pelt, Sr.* E.E. VAN PELT, SR.

1-21-97

941-488-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)