

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90028 033 ****150.00

DOCUMENT # 524147

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE S ☐ DELETE
NAME VAN PELT, E E JR
STREET ADDRESS 4017 BLACKTAIL ROAD
CITY-ST-ZIP COCOLALLA ID

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

941-488-0123

Daytime Phone #

CR2E034 (11/98)