

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 # **542826** (3)  
1. Corporation Name  
**THERMO TECH SYSTEMS CORPORATION OF FLORIDA**



Principal Place of Business Mailing Address  
**5201 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32810**

3. Date Incorporated or Qualified **08/12/1977** 3a. Date of Last Report **03/23/1995**  
4. FEI Number: **59-2983373** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, E. J.**  
**5201 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32810**

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 their address

(NOTE: Registered Agent signature required when transferring)

Date

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                         |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE                      | PDC <input type="checkbox"/> DELETE                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>ELLIOTT, E. J.</b>                               | 1.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>5201 N. ORANGE BLOSSOM TR</b>                    | 1.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                   | 1.4 CITY-ST-ZIP                                       |                                                                                         |
| TITLE                      | <b>T</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>TAGLIA, R. V.</b>                                | 2.2 NAME                                              | <b>Lee, R. R. III</b>                                                                   |
| STREET ADDRESS             | <b>5201 N. ORANGE BLOSSOM TR</b>                    | 2.3 STREET ADDRESS                                    | <b>5201 N. ORANGE Blossom TR</b>                                                        |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                   | 2.4 CITY-ST-ZIP                                       | <b>ORLANDO FL 32810</b>                                                                 |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>WHERRY, C. A.</b>                                | 3.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>5201 N. ORANGE BLOSSOM TR</b>                    | 3.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                   | 3.4 CITY-ST-ZIP                                       |                                                                                         |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE           | 4.1 TITLE                                             | <b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ELLIOTT, J. E.</b>                               | 4.2 NAME                                              | <b>ELLIOTT J. E.</b>                                                                    |
| STREET ADDRESS             | <b>5201 N. ORANGE BLOSSOM TR</b>                    | 4.3 STREET ADDRESS                                    | <b>5201 N. ORANGE Blossom TR</b>                                                        |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                   | 4.4 CITY-ST-ZIP                                       | <b>ORLANDO FL 32810</b>                                                                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>CORPAS, C.L.</b>                                 | 5.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>18123 SLOANE AVE.</b>                            | 5.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                | <b>CLEVELAND OH</b>                                 | 5.4 CITY-ST-ZIP                                       |                                                                                         |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                                     | 6.2 NAME                                              |                                                                                         |
| STREET ADDRESS             |                                                     | 6.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                |                                                     | 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)