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 # 619939 (2)

1. Corporation Name
THERMO-SHIELD HOMES, INC.

Principal Place of Business
52 PARK PLACE
ORMOND BEACH FL 32174
US

Mailing Address
52 PARK PLACE
ORMOND BEACH FL 32174
US

2. Principal Place of Business
21 52 Park Place
Suite, Apt #, etc
22
City & State
23 Ormond Beach Fl.
Zip 24 32174
Country 25 Volusia

2a. Mailing Address
26 52 Park Place
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach Fl.
Zip 29 32174
Country 30 Volusia

3. Date Incorporated or Qualified: 04/26/1979
3a. Date of Last Report: 08/30/1995
4. FEI Number: 59-1908844 — 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
KNIGHT, JIMMY D.
~~132 LINDENWOOD CIRCLE, EAST~~ 52 PARK PLACE
ORMOND BEACH FL 32174

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 Jimmy D Knight 904-672-1229 5/15/96
Signature, typed or printed name of reg. agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	KNIGHT, JOYCE M.	
STREET ADDRESS	52 PARK PLACE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	☐ DELETE
NAME	HIATT, GARY	
STREET ADDRESS	108 N.RIDGEWOOD AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	☐ DELETE
NAME	KNIGHT, JIMMY D.	
STREET ADDRESS	52 PARK PLACE	
CITY-ST-ZIP	ORMOND BCH. FL 32174-0601	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasure	☑ Change ☐ Addition
1.2 NAME	KNIGHT, Joyce M	
1.3 STREET ADDRESS	52 PARK PLACE	
1.4 CITY-ST-ZIP	ORmond. BCH, FL 32174	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	HIATT, GARY	
2.3 STREET ADDRESS	108 N. Ridgewood Ave.	
2.4 CITY-ST-ZIP	ORmond Bch., FL 32174	
3.1 TITLE	PResident	☐ Change ☐ Addition
3.2 NAME	KNIGHT, JIMMY D.	
3.3 STREET ADDRESS	52 PARK PLACE	
3.4 CITY-ST-ZIP	ORMOND BCH FL 32174	
4.1 TITLE	SEC.	☐ Change ☐ Addition
4.2 NAME	McCoy Ted.	
4.3 STREET ADDRESS	~~Ted~~ 35 Carol dr.	
4.4 CITY-ST-ZIP	ORMOND Bch. FL. 32175	
5.1 TITLE		☑ Change ☑ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: Jimmy D Knight — JIMMY D. KNIGHT — 2-10-96 — 9046721229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)