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 # **632990** **(8)**

1. Corporation Name

THERMAL CONVERSION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1695 12TH ST. (REAR) P.O. BOX 3887 SARASOTA FL 34230	1695 12TH ST. (REAR) P.O. BOX 3887 SARASOTA FL 34230

2. Principal Place of Business	2a. Mailing Address
21 1695 12th Street Rear	26 P.O. Box 3887
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota, Florida	28 City & State: Sarasota, Florida
24 Zip: 34236 — 25 Country: USA	29 Zip: 34230-3887 — 30 Country: USA

3. Date Incorporated or Qualified: 08/16/1979
3a. Date of Last Report: 03/31/1995
4. FEI Number: 59-1943943 — 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

CARRISON, D. GRIFF
1695 12TH ST. (REAR)
SARASOTA FL 34236

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: D. Griffin Carrison — D. Griffin Carrison — 5/1/96
Signature, typed or printed name of registered agent or authorized officer — Florida Registered Agent Signature required when changed — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARRISON, NANCY C.		1.2 NAME		
STREET ADDRESS	1806 LYTTLETON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAMDEN SC		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAM COCO		2.2 NAME		
STREET ADDRESS	30 SAWYER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY HILLS MA		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARRISON, D. GRIFF		3.2 NAME		
STREET ADDRESS	1695 12TH ST. (REAR)		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HERNDON, KRIS E.		4.2 NAME	Secretary/Treasurer	
STREET ADDRESS	1695 12TH ST. (REAR)		4.3 STREET ADDRESS	Conner, Kris E.	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	1695 12th Street Rear Sarasota, FL 34236	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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: Kris E. Conner — Kris E. Conner, Secry/Treas — 5/1/96 — 941-953-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)