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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

656309

(2)

THERMO DYNAMIC SYSTEMS, INC.

Principal Place of Business	Mailing Address		
409 CENTER ST. COCOA FL 32922	409 CENTER ST. COCOA FL 32922		
2. Principal Place of Business	2a. Mailing Address		

FILED Jan 28 1998 8:00am Secretary of State



COCOA FL 32922		COCOA FL 32922		DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualified		
					,		
a Gringinal Of	oo of Business	2a. Mailing Address			02/19/1980 4. FEI Number	- Ι Δι	pplied For
							ot Applicable
Suite, Apt. #	f ata	Suite, Apt. #, etc.			59-1990979		Additional
	F, etc.	<u> </u>			5. Certificate of Status Desired		equired
City & State		27 City & State			a Floring Commiss Financian		'
		_ 			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	28	Countr	.,	Trade ratio continuation		
	- '	— · —	7	,	This corporation owes or has paid the Personal Property Tax due June 30.		T No
24	9. Name and Address of Curren	29 30	<u>'l — — </u>		10. Name and Address of New Register		
		t negistered Agent	81	Name	(U. Name and Address of New Hegister	cu Agein	
RIC	HARDS, FREDERICK W.		"	Name			
505	NORTH ORLANDO AVENUE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
COCOA BEACH FL 32931			97	83			
			84			-L '	Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named c	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing i	ts registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	norized b	y the corpo	pration's board of directors. I hereby accept the	appointment as	registered
	Triantinal with and accept the congr	alloris di, decadri dar .caca, rioria	a orarore				•
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE, Ro	egistered Ac	ent signature ri	equired when reinstating) DAT	E	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	AS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CURVIN, LARRY D.	_	1.2 NAME				
	225 FLORIDA BLVD.			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MERRITT ISLAND FL	DELETE	1.4 CITY- 2.1 TITLE	51-ZIP		Change	Addition
TITLE							
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			}
CITY-ST-2IP		- Inc. see	2, 4 CMY-	ST-ZIP	<u> </u>	1 1 05	Addition
TITLE		☐ DELETE	3.1 TITLE			L. Change	L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			1
CITY-ST-ZIP	<u></u>		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE				Addition
NAME			4. 2 NAM	:			
STREET ADORESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		_	5.2 NAME	ŀ			
			6	T ADDRESS			
STREET ADDRESS				,			
CITY - ST - ZIP		DELETE	5.4 CITY - 6.1 TITLE	31-417		Change	Addition
TITLE		DELETE		ļ		Crimingo	
NAME		1	6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	11. 0 V. 240 07/0V3 Ft. 11. 01.		lafami - i
14. I hereby c	ertify that the information supplied w	th this filing does not qualify for t	ne exem	otion stated	d in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	s intormation

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 chapter 6, or on an attachment with an address.

(407)632-0276