FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

F90885

(7)

SOLAR	R-THERM FILM, INC.										
Principal Place of Business 36 CITRUS DR. PALM HARBOR FL 34684		36	Mailing Address 36 CITRUS DRIVE PALM HARBOR FL 34684				1 1001109 (1)0 10114 00191 (0104 1010	I BIHA UAUNI UN	 	9 8 8 5 198	
US		U:	S			3.	Date Incorporated or Qualified 07/15/1982		of Last Re 4/25/19		7
2. Principal Pla	ace of Business	2a. N	Mailing Address			4.	£El Number			Applied For	-
21		26	:6			59-2203285		1	Not Applicable	1	
Suite, Apt. #, etc.			Suite, Apt. #, etc			5.	Certificate of Status Desired			Additional	
22		[27]	-4							Required	
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country		/ip	Cou	ntry	8.	This corporation has liability for i	ntang ble ta			4
24	25	29		30			Florida Statutes	I X No			
	9. Name and Address of Curre	nt Registe	red Agent		aaT T	10.	Name and Address of New R	egistered	Agent		
HODDE	0.0001.11				81 Name						
	r, carol m Rus drive				82 Street Add	ress (P.	O. Box Number is Not Acceptab	le)			7
	IARBOR FL 34684				83						-
1 MENT 11	MIDON I E OTOOT										_
					84 Gity			FL	. 85 Zip	Code	
or registere familiar wit SIGNATURE	to the provisions of Sections 607.050 and agent, or both, in the State of Ficht, and accept the obligations of, Se	rida Such c etion 607.05	change was authoriz 505, Florida Statutes	red by the o	corporation's boa	ard of di	rectors. Thereby accept the appr	ointment as	anging its ri registered	egistered office agent. I am	
12.	Signature dypatron protest nerve or registered age OFFICERS A			13.	Age of Equalities to Turk		ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	2S IN 12	-}(3
TITLE	PTSD	NID CHERCOT	DELETE 111		me I		ADDITIONS OF ANGLES TO OFF	CHECK IN A COMP. COMP.	Change	Add tion	12
NAME	HOPPER, CAROL M			1 2 N	AME						CR2E034 (12/95)
STREET ADDRESS	26 CITRUS DR			135	REET ADDRESS						
CITY - ST - ZIP	PALM HARBOR FL			1 4 C	TY - ST - ZIP						<u> </u> 2
TITLE			DELETE	2 1 T	ITLE			[Change	Addition	10
NAME				2 2 N							
STREET ADDRESS					REET ADORESS						
CITY-ST-ZIP TITLE			DELETE	3 1 1	IY-SI ZIF				Change	Addition	
NAME				3 2 N							
STREET ADDRESS					TREET ADDRESS						
. CITY - ST - ZIP				•	TY - ST - 70P						
TITLE			DELETE	4 1 7	IILE]	Change	☐ Addition	1
NAME				42%	AME						
STREET ADDRESS				43S	BEET ADORESS						
CITY - SI - ZIP			E cress		IY-ST-ZIP		,		7 0	T Auto-	4
TIFLE			☐ DEFELF	5 1 7	ļ			l	Change	☐ Addition	
NAME STOCET APPROVE				52 N	ľ						
STREET ADDRESS					PEET ADDRESS						
CITY-SI-ZIP TITLE			DELETE	6 1 T	TY-S1-ZIE				Change	Addition	\dashv
NAME			acces	62 N				·		٠.٥٥٠٠٥ ر	
STREET ADDRESS					REEL ADDRESS						
Quarte of American				555							1

City-SI-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)(4). 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.

(ARALL M. Jan DEF 0) CAROL M. HOPPER

PRESIDENT 4/11/96

SIGNATURE:

SIGNATURE THE THEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 934-3/35