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

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000171 (8)**

1. Corporation Name
**INTRA THERM INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 458<br>FORT ATKINSON WI 53538 | PO BOX 458<br>FORT ATKINSON WI 53538 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 60 Soco Trail
22: Suite, Apt. #, etc.
23: City & State: Ormond Beach, Fl
24: Zip: 32174 25: Country: Volusia

2a. Mailing Address
26: 60 Soco Trail
27: Suite, Apt. #, etc.
28: City & State: Ormodn Beach, Fl
29: Zip: 32174 30: Country: Volusia

4. FEI Number: **39-1566643** ☐ 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

**HOUSKER, CHERYLL**
**60 SOCO TRAIL**
**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 _____ DATE
Signature, typed or printed name of registered agent and the capacity/date (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CP | 11 TITLE | CP | ☒ Change ☐ Addition |
| NAME | LAMOTTE, LESTER | 12 NAME | Lamotte, Lester | |
| STREET ADDRESS | PO BOX 458 | 13 STREET ADDRESS | P O Box 730734 | |
| CITY-ST-ZIP | FORT ATKINSON WI 53538 | 14 CITY-ST-ZIP | Ormond Beach, Fl 32173 | N/A |
| TITLE | CST | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | HOUSKER, CHERYLL | 22 NAME | | |
| STREET ADDRESS | 60 SOCO TRAIL | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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)(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 of this report, or on an attachment with an address.

**SIGNATURE:** Cheryll Housker Cheryll Housker 2/27/95 904-677-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400241 FN