SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:05

DOCUMENT # F94000000551 (1)

1. Corporation Name
THORO SYSTEM PRODUCTS, INC.

Principal Place of Business	Mailing Address
% D. GEORGE HARRIS AND ASSOCIATES 399 PARK AVE., 32ND FLOOR NEW YORK NY 10022	% D. GEORGE HARRIS AND ASSOCIATES 399 PARK AVE., 32ND FLOOR NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8570 Phillips Hwy.	26 8570 Phillips Hwy.
Suite, Apt. #, etc 22 Suite 101	Suite, Apt. #, etc 27 Suite 101
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, FLorida
Zip 24 32256-8208 Country 25	Zip 29 32256-8208 Country 30

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:
4. FEI Number: APPLIED FOR 13-3750190 ☐ 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 XX Yes ___ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman & CEO	11 TITLE	Vice Chairman (☐ Change XX Addition)
NAME	HARRIS, D. GEORGE	12 NAME	ANTHONY J. PETROCELLI
STREET ADDRESS	399 PARK AVE.	13 STREET ADDRESS	399 PARK AVENUE
CITY ST ZIP	NEW YORK NY 10022	14 CITY ST ZIP	NEW YORK, NY 10022
TITLE	VP & Treasurer	21 TITLE	President & COO (☐ Change XX Addition)
NAME	NICK, RICHARD J	22 NAME	ARTHUR C. WOTIZ
STREET ADDRESS	399 PARK AVE.	23 STREET ADDRESS	8570 PHILLIPS HWY., Suite 101
CITY ST ZIP	NEW YORK NY 10022	24 CITY ST ZIP	JACKSONVILLE, FL 32256-8208
TITLE	VP & General Counsel & Secretary	31 TITLE	VP & CFO (☐ Change XX Addition)
NAME	KILPATRICK, DONALD G	32 NAME	Emanuel J. Di Teresi
STREET ADDRESS	399 PARK AVE.	33 STREET ADDRESS	399 PARK AVENUE
CITY ST ZIP	NEW YORK NY 10022	34 CITY ST ZIP	NEW YORK, NY 10022
TITLE	VP Asst. Sec. & Asst. Treasurer	41 TITLE	VP & Controller (☐ Change XX Addition)
NAME	DONAHUE, RICHARD J	42 NAME	ROBERT M. LESTER
STREET ADDRESS	399 PARK AVE.	43 STREET ADDRESS	8570 PHILLIPS HWY., SUITE 101
CITY ST ZIP	NEW YORK NY 10022	44 CITY ST ZIP	JACKSONVILLE, FL 32256-8208
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)(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: R.M. LESTER (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (904) 376-8246 Daytime Phone #

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