

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

00146

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 038 ***550.00

DOCUMENT # F95000001516

1. Corporation Name

THERMAL ENGINEERING CONSTRUCTION SERVICES INC.

Principal Place of Business

506 CHARLOTTE HWY
LYMAN SC 29365
US

Mailing Address

PO BOX 546
LYMAN SC 29365
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

57-1016262

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P. O. Box 54940

Suite, Apt. #, etc.

27 City & State

28 Los Angeles, CA

29 Zip

90054

30 Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPGM	<input type="checkbox"/> DELETE
NAME	NAUGHTON, DALE	
STREET ADDRESS	506 CHARLOTTE HWY	
CITY-ST-ZIP	LYMAN SC 29365	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, IAN	
STREET ADDRESS	CALDER VALE RD	
CITY-ST-ZIP	WAKEFIELD YO 19711	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CYNTHIA HENNESSEE	
STREET ADDRESS	307 FOXBORO LANE	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARMA, LAURENCE E	
STREET ADDRESS	5701 S. EASTERN AVENUE	
CITY-ST-ZIP	LOS ANGELES CA 90040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YARDEN, ABRAHAM	
STREET ADDRESS	5701 S EASTERN AVE	
CITY-ST-ZIP	LOS ANGELES CA 90040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARMA, LAURENCE E	
STREET ADDRESS	5701 S. EASTERN AVENUE	
CITY-ST-ZIP	LOS ANGELES CA 90040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C00
2.3 STREET ADDRESS	Koenig, Jon R.
2.4 CITY-ST-ZIP	5701 S. Eastern Ave. #300 Los Angeles, CA 90040
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE E HARMA, Secretary

June 14, 1999

(323) 726-0641

Date

Daytime Phone #

CR2E034 (11/98)