


FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G52333		(3)	
1. Corporation Name <div style="text-align: center; font-weight: bold;">HYDRO-THERM, INC.</div>			
Principal Place of Business % WILLIAM H. GALLAGHER 123 MARINER DR. P.O. BOX 3270 ORMOND BEACH FL 32176-2372		Mailing Address % WILLIAM H. GALLAGHER 123 MARINER DR. P.O. BOX 3270 ORMOND BEACH FL 32176-2372	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		30	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> GALLAGHER, WILLIAM H. 123 MARINER DR. ORMOND BEACH FL 32074 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS	GALLAGHER, WILLIAM H		1.2 NAME
CITY - ST - ZIP	123 MARINER DR.		1.3 STREET ADDRESS
	ORMOND, FL 00000		1.4 CITY - ST - ZIP
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	GALLAGHER, CAROL A.		2.2 NAME
STREET ADDRESS	123 MARINER DR.		2.3 STREET ADDRESS
CITY - ST - ZIP	ORMOND, FL 00000		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: WILLIAM H. GALLAGHER			