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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G52333

(3)

HYDRO-THERM, INC.

Principal Place of Business

% WILLIAM H. GALLAGHER

Mailing Address

% WILLIAM H. GALLAGHER 123 MARINER DR. P.O. BOX 3270

FILED Jan 21 1998 8:00am Secretary of State



123 MARINER DR. P.O. BOX 3270 ORMOND BEACH FL 32176-2372 DO NOT WRITE IN THIS SPACE ORMOND BEACH FL 32176-2372 3. Date Incorporated or Qualified 08/02/1983 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2329230 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. ... No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GALLAGHER, WILLIAM H. 123 MARINER DR. Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32074 83 84 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition GALLAGHER, WILLIAM H NAME 1.2 NAME 123 MARINER DR. STREET ADDRESS 1.3 STREET ADDRESS ORMOND, FL 00000 CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Addition TITLE 2.1 TITLE Change GALLAGHER, CAROL A. NAME 2.2 NAME 123 MARINER DR. STREET ADDRESS 2.3 STREET ADDRESS ORMOND, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP TITLE DEL FTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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.

SIGNATURE:

Wilhen W.

(904)441-5628

CR2E034