FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)G59996 THERMAL CONTAINMENT SYSTEMS, INC. Principal Place of Business Mailing Address P.O. BOX 3749 P.O. BOX 3749 PLANT CITY FL 33564-3749 PLANT CITY FL 33564-3749 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1983 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 59-2331958 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 Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 SAMANTHA J. DEAMBROSE Samantha D. Lewis **18310 AINTREE COURT** 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33647** 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, of 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. Item familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Samantha D. Lewis, Vice President typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, TITLE DELETE 1 1 TITLE Addition DEAMBROSE, SHERWOOD J. 1.2 NAME 2607 LAKEVIEW WAY STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DEAMBROSE, SAMANTHA J. NAME 2.2 NAME Samantha D. Lewis **18310 AINTREE COURT** STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME MAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

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 eath; 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 or a attachment with an address.

61 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Samantha D. Lewis

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

04/30/98

813-754-1152

Addition

☐ Change

CR2E034 (10/97)