FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # H28583 (3)

1. Corporation Name
GEO-THERMAL TECHNOLOGY, INC.

Principal Place of Business
P.O. BOX 800
ELLENTON FL 34222

Mailing Address
P.O. BOX 800
ELLENTON FL 34222

2. Principal Place of Business
21 1230 DEL PINE DR.
Suite, Apt. #, etc.
22
City & State
23 N. FT. MYERS, FL
Zip 24 33903 Country 25 LEE

2a. Mailing Address
26 1230 DEL PINE DR.
Suite, Apt. #, etc.
27
City & State
28 N. FT. MYERS, Fl.
Zip 29 33903 Country 30 LEE

3. Date Incorporated or Qualified: 11/05/1984
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2461431 — 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WILCOX, DAVID W.
308-13TH ST.,W.
BRADENTON FL 33505

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	NORTH, R.J.		1.2 NAME	
STREET ADDRESS	5611 18TH ST E.		1.3 STREET ADDRESS	1230 DEL PINE DR.
CITY-ST-ZIP	ELLENTON FL		1.4 CITY-ST-ZIP	N. Ft. MYERS, Fl. 33903
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	NORTH, DELL MAE		2.2 NAME	NORTH, DELLA MAE
STREET ADDRESS	5611 18TH ST. E.		2.3 STREET ADDRESS	1230 DEL PINE DR.
CITY-ST-ZIP	ELLENTON FL		2.4 CITY-ST-ZIP	N. FT. MYERS, Fl. 33903
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(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: Della Mae North DELLA MAE NORTH 4-2-96 941-722-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)