

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H47997 (2)
 1. Corporation Name
COMFORTTEMP COMPANY



Principal Place of Business 2512 NE 1 BLVD SUITE 300 GAINESVILLE FL 32609 US	Mailing Address P. O. BOX 4010 GAINESVILLE FL 32613-4010 US
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21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3 Date Incorporated or Qualified 03/20/1985	3a Date of Last Report 05/31/1996
4 FEI Number 59-2514960	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 BOWDOIN, DOUGLAS 255 S. ORANGE AVENUE SUITE 850 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE VS NAME WORTHMANN, LUCILLE STREET ADDRESS RT 1, BOX 272 CITY-ST-ZIP BELL FL	☐ DELETE
TITLE P NAME WORTHMANN, THOMAS STREET ADDRESS RT. 1, BOX 272 CITY-ST-ZIP BELL FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4009 W CR 232 BELL, FL 32619 911 address
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 4009 W CR 232 BELL, FL 32619 911 address
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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: *[Signature]* **4-15-97** **857-3710-7311**

CR2E034 (9/96)