FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54513 (7)

1. Corporation Name
THERMAL SYSTEMS GROUP, INC.

Principal Place of Business	Mailing Address
6604 WEST NINE MILE ROAD P. O. BOX 63007 PENSACOLA FL 32526	6604 WEST NINE MILE ROAD P. O. BOX 63007 PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2529171 ☐ 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

FIORENTINO, ANTONY E.
105 SOUTH NAVY BOULEVARD
PENSACOLA FL 32507

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, N. L.	1.2 NAME		
STREET ADDRESS	7488 BRIGHTWOOD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE	SEC/TREAS	☒ Change ☐ Addition
NAME	LYNCH, BOBBY G.	2.2 NAME	Bobby Lynch	
STREET ADDRESS	9960 JAY ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	DVP	3.1 TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, J. L.	3.2 NAME		
STREET ADDRESS	7756 PONTIAC DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE		☐ Change ☐ Addition
NAME	BALLARD, JOHN F.	4.2 NAME		
STREET ADDRESS	6501 WALKING HORSE CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WALNUT HULL FL	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE	Not Officer Any More	☒ Change ☐ Addition
NAME	BOLTON, JAMES C.	5.2 NAME		
STREET ADDRESS	4740 ROCKAWAY CRK ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE		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: [signature] 1-16-95 904-944-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460848 FP