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 # H54513 (7)

1. Corporation Name
THERMAL SYSTEMS GROUP, INC.

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

Mailing Address
6604 WEST NINE MILE ROAD
P. O. BOX 63007
PENSACOLA FL 32526

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 01/25/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	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	SC	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LYNCH, BOBBY G.		2.2 NAME	
STREET ADDRESS	9960 JAY ROAD		2.3 STREET ADDRESS	2655 Barrineau Park Rd
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Molino, Fl 32577
TITLE	DVP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	JERNIGAN, J. L.		3.2 NAME	
STREET ADDRESS	7756 PONTIAC DR.		3.3 STREET ADDRESS	11070 County Rd. 99
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Lillian, Al 36549
TITLE	DP	☐ DELETE	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	Mobile, Al 36695
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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)