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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32526-6007

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/30/1985

3a. Date of Last Report

01/30/1996

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

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 607.0532 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

Signature typed or printed name of registered agent or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME JERNIGAN, N. L.
STREET ADDRESS 7488 BRIGHTWOOD ST.
CITY-ST-ZIP PENSACOLA FL

TITLE SC ☐ DELETE

NAME LYNCH, BOBBY G.
STREET ADDRESS 2655 BARRINEAU PARK RD
CITY-ST-ZIP MOLINO FL

TITLE DVP ☐ DELETE

NAME JERNIGAN, J. L.
STREET ADDRESS 11070 COUNTY RD 99
CITY-ST-ZIP LILLIAN AL

TITLE DP ☐ DELETE

NAME BALLARD, JOHN F.
STREET ADDRESS 6501 WALKING HORSE CT.
CITY-ST-ZIP MOBILE AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Bobby S. Lynch
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby G. Lynch

1-7-97

904-944-0013

Daytime Phone #

CR2E034 (9/96)