

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 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

NOVA JERNIGAN

82 Street Address (P.O. Box Number is Not Acceptable)

7488 Brightwood St.

83

84 City

PENSACOLA

FL

85 Zip Code
32506

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

[Signature]

NOVA JERNIGAN, VP

1-7-98

(NOTE: Registered Agent signature required when reinstating)

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 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]

1-8-98

850-944-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0508284

CR2E034 (10/97)