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Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90061 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H54513

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 the current year Intangible

Personal Property Tax.

☒ 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

10. Name and Address of New Registered Agent

JERNIGAN, NOVA
7488 BRIGHTWOOD ST
PENSACOLA FL 32506

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 of 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE

☐ Change ☐ Addition

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE

☐ Change ☐ Addition

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

3.1 TITLE

☐ Change ☐ Addition

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

4.1 TITLE

☐ Change ☐ Addition

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE

☐ Change ☐ Addition

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

6.1 TITLE

☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

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