

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:40

DOCUMENT # K24232

(6)

1. Corporation Name

AMERICAN THERMAL PRODUCTS, INC.

Principal Place of Business

9220 BONITA BEACH RD
BONITA SPRINGS FL 33923

Mailing Address

9220 BONITA BEACH RD
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

01/20/1994

4. FEI Number

93-0983341

Applied For

(Not Applicable)

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

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

HUMPHREY, HARVEY G.
9220 BONITA BEACH RD.
SUITE 111
BONITA SPRINGS FL 33923

01 Name

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

03

04 City

FL

05 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

(Signature of person named as registered agent and here applicable)

(Signature of Registered Agent (signature required when membership)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PTD
HUMPHREY, HARVEY G.
9220 BONITA BEACH RD. #111
BONITA SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
LOWY, LAWRENCE
225 EAST 36TH STREET
NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

Deceased

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
MOORE, BARNEY
225 EAST 36TH STREET
NEW YORK NY

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

1371 Springfield Avenue
New Providence, NJ 07974

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
HOLLINGSWORTH, JOE B.
2121 GOVERNORS CIRCLE
HOUSTON TX

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VD
JACKSON, WILLIAM
9715 DERRINGTON
HOUSTON TX

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(g), 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. 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 of this report or as an attachment with an address.

SIGNATURE:

H. G. Humphrey
H. G. Humphrey
REGISTERED AND TYPED ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/13/95

(813) 992-0566

Date

Telephone Number