


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K54661 1. Entity Name THERMOCOR KIMMINS, INC.	
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Principal Place of Business 1501 2ND AVE E TAMPA, FL 33605	Mailing Address 1501 2ND AVE E TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE

07062D04 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2924523	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M
1501 E. SECOND AVENUE
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JOSEPH M 1501 2ND AVENUE TAMPA, FL 33605
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZEMINA, JOHN L 1501 E 2ND AVE TAMPA, FL 33605
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAS SIMON, JOHN V JR 1501 SECOND AVENUE, EAST TAMPA, FL 33605
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/20/04-80006-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____