SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:13
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007869 (0)**

1. Corporation Name
THERMAL GUARD SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1501 DECKER AVE. #419 STUART FL 34994	1501 DECKER AVE. #419 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 10/27/1994

21 2. Principal Place of Business: 2491 S.E. Dixie Hwy
26 2a. Mailing Address: 7175 So.E. Bitterroot Cr
22 Suite, Apt. #, etc.: 2491
27 Suite, Apt. #, etc.: Hobe Sound
23 City & State: Stuart Fl.
28 City & State: FL.
24 Zip: 34996
25 County: MARTIN
29 Zip: 33455
30 County: MARTIN

4. FEI Number: 65-0372620 ☐ 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

9. Name and Address of Current Registered Agent

MEIER, PAUL A
1501 DECKER AVE
#419
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Meier, Paul A.
82 Street Address (P.O. Box Numbers Not Acceptable): 7175 So.E. Bitterroot Cr.
83 Hobe Sound, Fl.
84 City: FL 85 Zip Code: 33455

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Pres & Director	☒ Change ☒ Addition
NAME	MEIER, ELEANORE G	12 NAME		
STREET ADDRESS	7175 SE BITTER ROOT CIR	13 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE	V.S.T.D.	☒ Change ☒ Addition
NAME	MEIER, PAUL A	22 NAME		
STREET ADDRESS	7175 SE BITTER ROOT CIR	23 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE	Delete	☒ Change ☐ Addition
NAME	WEAVER, MARTIN L	32 NAME		
STREET ADDRESS	469 SE SEVILLE ST	33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: Paul A. Meier, Vice Pres 7/24 407-223-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119079 CP