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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 17 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012380 (0)**

1. Corporation Name
TEMPERATURE SERVICES, INC.

Principal Place of Business	Mailing Address
5661 81ST AVENUE NORTH PINELLAS PARK FL 34665	5661 81ST AVENUE NORTH PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21 7000 BRYAN DAIRY RD #A13	26 7000 BRYAN DAIRY RD #A-13
Suite, Apt. #, etc. 22 A-13	Suite, Apt. #, etc. 27 A-13
City & State 23 LARGO, FL	City & State 28 LARGO, FL 34647
Zip / Country 24 34647 / 25 PINELLAS	Zip / Country 29 34647 / 30 PINELLAS

4. FEI Number: 59-3166377 ☐ 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	10. Name and Address of New Registered Agent
LAZARUS, ROBERT 11774 HARBORSIDE CIRCLE LARGO FL 34643	81 Name: ROBERT LAZARUS 82 Street Address (P.O. Box Number is Not Acceptable): 11774 HARBORSIDE CIR. 83: LARGO 84 City: LARGO FL 85 Zip Code: 34643

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, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LAZARUS, ROBERT	12 NAME	
STREET ADDRESS	5661 81 ST AVENUE NORTH	13 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL 34665	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAZARUS, CAROL	22 NAME	
STREET ADDRESS	5661 81 ST AVENUE NORTH	23 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL 34665	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

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: [signature] ROBERT LAZARUS 4.10.95 (813)545-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037P00 CP