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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000019208 (5) **DOCUMENT #**

SEABREEZE THERMOGRAPHY, INC.

Principal Place of Business Mailing Address 7046 STAPOINT CT 7046 STAPOINT CT WINTER PARK FL 32792 WINTER PARK FL 32792 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1994 04/21/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3206656 21 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Zιo Country Florida Statutes Yes No 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODARD, CHAD Street Address (P.O. Box Number is Not Acceptable) 82 7046 STAPOINT CT 83 WINTER PARK FL 32792 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: (NOTE: Registered Agent signature required when renetating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1 1 TOLE PD WOODARD, CHAD 1.2 NAME NAME 7046 STAPOINT CT. STREET ADDRESS 1.3 STHEET ADDRESS **WINTER PARK FL 32792** 1.4 CITY - ST- ZIP CHTY - ST - ZIP DELETE C5TD Change Addit on TITLE 2.1 Title WOODARD, CHARLES W NAME 2.2 NAME 11455 SW 92 CT. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY - ST - ZIP 2.4 City - St - ZiP DELETE ☐ Change ☐ Addition TITLE 3 1 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3 4 CHTY - ST - ZIP □ DELETE 4.1 TITLE ☐ Change ■ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE ☐ Change Addition TITLE 5.2 NAMā NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachingent with an address.

5 4 CITY - ST - 7IF

63 STREET ADDRESS 6.4 CITY - ST - Z:P

6 1 TITLE

6.2 NAME

SIGNATURE: (

CITY -ST-ZIP

STREET ADDRESS

THILE NAME

> CHARLES W. WOODARD Karle- " SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(407)678-7577

Change

Addition

(12/95)CR2E034