FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P9600048085 (0)

THERMALPRO ROOFING SYSTEMS INC.

Principal Place of Business	Mailing Address			
106 MAYROSE DRIVE SANFORD FL 32771	108 MAYROSE DRIVE SANFORD FL 32771-4121			
			3. Date Incorporated or Qualified 06/03/1996	39. Date of Last Report New Entity
2. Principal Piace of Business	2a. Mailing Address		4. FEI Number 59-3385665	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25		intro inole	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes DNo
9. Name and Address of			10. Name and Address of New Re	gistered Agent
GRAHAM, WILLIS D		81 Name	Name	
106 MAYROSE DRIVE SANFORD FL 32771		82 Street Addre	reet Address (P.O. Box Number is Not Acceptable)	
		83		
		84 City		FL 85 Zip Code
office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statutes, the a e State of Florida. Such change was authorize e obligations of, Section 607.0505, Florida Sta	ed by the corporation	oration submits this statement for the poor's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered

Signature, typicit or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change M Addition TITLE Graham, Willis D. GRAHAM, WILLIS D 1.2 NAME NAME 106 MAYROSE DRIVE 106 mayrose Dr. 1.3 STREET ADDRESS STREET ADDRESS 6anford SANFORD FL 32771 1.4 CITY - ST - ZIP CHY SI-78 DELETE Change 2.1 TITLE Tille D,U,S GRAHAM, DEANA S 22 NAME Braham Deana S. 106 MAYROSE DRIVE 2.3 STREET ADDRESS STREET ADDRESS 106 mayrose pri SANFORD FL 32771 2.4 CITY-ST-ZIP M 32771 CITY - ST - ZIP DELETE Change ☐ Addition 3 1 TITLE THE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CHY-S1-ZIP DELETE Change Addition TILLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 C(TY-ST-ZIP DELETE 5.1 TITLE Change Addition HILF 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 6.1 TITLE HILE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. It do hereby certify that the information supplied with this filing 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 approars in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

REQUIRED & Graham

4/24/97

FILED

May 07 1997 8:00am

Secretary of State

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(407) 324-

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