

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048085 (0)

1. Corporation Name

THERMALPRO ROOFING SYSTEMS INC.

Principal Place of Business

106 MAYROSE DRIVE
SANFORD FL 32771

Mailing Address

106 MAYROSE DRIVE
SANFORD FL 32771
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3385665

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1170 Seminole Farms Rd

Suite, Apt. #, etc.

22 City & State

23 Osteen FL

24 32764

Country

25 USA

26a. Mailing Address

26 1170 Seminole Farms Rd

Suite, Apt. #, etc.

27 City & State

28 Osteen FL

29 32764

Country

30

9. Name and Address of Current Registered Agent

GRAHAM, WILLIS D
106 MAYROSE DRIVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

Graham, Willis D

82 Street Address (P.O. Box Number is Not Acceptable)

1170 Seminole Farms Rd.

83

84 City

Osteen

FL

85 Zip Code

32764

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME GRAHAM, WILLIS D
STREET ADDRESS 106 MAYROSE DRIVE
CITY-ST-ZIP SANFORD FL

TITLE DVS ☐ DELETE

NAME GRAHAM, DEANA S
STREET ADDRESS 106 MAYROSE DRIVE
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME Graham, Willis, D
1.3 STREET ADDRESS 1170 Seminole Farms Rd
1.4 CITY-ST-ZIP Osteen FL 32764

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME Graham, Deana, S.
2.3 STREET ADDRESS 1170 Seminole Farms Rd.
2.4 CITY-ST-ZIP Osteen FL 32764

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

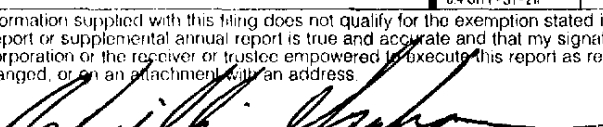
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



APR 20 1998 (407) 324-4031

CR2E034 (10/97)