

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000071757**

1. Corporation Name

**THERMASTEEL OF FLORIDA, INC.**

Principal Place of Business

P.O. BOX 481  
PONTE VEDRA BEACH FL 32004

Mailing Address

P.O. BOX 481  
PONTE VEDRA BEACH FL 32004

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90011 021 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/11/1998**

4. FEI Number

**59-3531810**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 171 BEACH BLVD.**

Suite, Apt. #, etc.

**22 Suite 1**

City & State

**23 JACKSONVILLE BEACH, FL**

Zip

**24 32250**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**ALTERMAN, LEONARD M**  
**9116 CYPRESS GREEN DRIVE, SUITE 207**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 **D** ☐ DELETE

NAME **BRINDLEY, RAYMOND R**  
STREET ADDRESS **176 GOVERNORS ROAD**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ DELETE

NAME **HARTMAN, CHARLES B**  
STREET ADDRESS **3860 BERMUDA LANE**  
CITY-ST-ZIP **GULF STREAM FL 33483**

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 **D** ☐ Change ☒ Addition

1.2 NAME **BRINDLEY, ELAINA C.**  
1.3 STREET ADDRESS **160 VERA CRUZ DR #43A**  
1.4 CITY-ST-ZIP **PONTE VEDRA, FL 32082**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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: **Raymond R. Brindley - RAYMOND R. BRINDLEY**

**7/6/99**

**904-249-3434**

CR2E034 (5/99)