

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S35576

(5)

1. Corporation Name

THERMOTECH SYSTEMS CORPORATION

Principal Place of Business

**5201 N ORANGE BLOSSOM TRL
P O BOX 9506
ORLANDO FL 32810**

Mailing Address

**5201 N ORANGE BLOSSOM TRL
P O BOX 9506
ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

02/28/1994

4. FEI Number

59-3057833

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, JOHN E
5201 N ORANGE BLOSSOM TRL
ORLANDO FL 32810**

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 restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPC
NAME	ELLIOTT, E. J.
STREET ADDRESS	5201 N. ORANGE BLOSSOM
CITY- ST- ZIP	ORLANDO FL
TITLE	DV
NAME	ELLIOTT, JOHN
STREET ADDRESS	5201 N. ORANGE BLOSSOM
CITY- ST- ZIP	ORLANDO FL
TITLE	S
NAME	WHERRY, CAROL A
STREET ADDRESS	5201 N ORANGE BLOSSOM TR
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	CORPAS, C.L.
STREET ADDRESS	18123 SLOANE AVE
CITY- ST- ZIP	CLEVELAND OH
TITLE	T
NAME	TAGLIA, R.V.
STREET ADDRESS	5201 N. ORANGE BLOSSOM TRAIL
CITY- ST- ZIP	ORLANDO FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

Date

Signature Number