

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S50935 (3)

1. Corporation Name

SOUTH FLORIDA THERMAL SERVICES, INC.



Principal Place of Business

Mailing Address

20711 U.S. HWY 98
DADE CITY FL 33525
US

20711 U.S. HWY 98
DADE CITY FL 33525
US

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3093705

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, LAZ L ESQ.
100 N.E. 3 AVE
SUITE 400
FT. LAUDERDALE FL 33301

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, if applicable, date)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME
HILL, CHRISTOPHER A
STREET ADDRESS
116 TRALEE CT
CITY-STATE-ZIP
LAKE MARY FL

1.2 TITLE ☒ DELETE

NAME
STDV
THOMAS, DAVID A
STREET ADDRESS
11130 CROOM RITAL RD
CITY-STATE-ZIP
BROOKSVILLE FL 34602

1.3 TITLE ☐ DELETE

NAME
D
KABOT, GARY
STREET ADDRESS
9200 N.W. 14 COURT
CITY-STATE-ZIP
PLANTATION FL

1.4 TITLE ☐ DELETE

NAME
D
RIGBY, ALEC T
STREET ADDRESS
1720 S. OCEAN BLVD.
CITY-STATE-ZIP
MANALAPAN FL

1.5 TITLE ☐ DELETE

NAME
D
SILVERSTEIN, JOEL
STREET ADDRESS
P.O. BOX 4367
CITY-STATE-ZIP
BOCA RATON FL

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME
ASST. S
BRIN K. EYE
STREET ADDRESS
20711 US HWY 98
CITY-STATE-ZIP
DADE CITY, FL 33525

1.2 TITLE ☐ Change ☐ Addition

NAME
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

1.3 TITLE ☒ Change ☐ Addition

NAME
D/V
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

1.4 TITLE ☐ Change ☐ Addition

NAME
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

1.5 TITLE ☐ Change ☐ Addition

NAME
700001819677
-05/14/96--01013--055
***1800.00

1.6 TITLE ☐ Change ☒ Addition

NAME
S
PHIL KABOT
STREET ADDRESS
150 S. PINE ISLAND ROAD
CITY-STATE-ZIP
PLANTATION, FL 33324

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 119.07(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 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:

BRIN K. EYE - Brin K. Eye

4/30/96

(352)-583-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type in Plural)

CR2E034 (12/95)