FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:54

DOCUMENT # **S50939** **(5)**

1. Corporation Name
THERMAL HOLDINGS, INC.

Principal Place of Business	Mailing Address
11130 CROOM RITAL ROAD BROOKSVILLE FL 34602	11130 CROOM RITAL ROAD BROOKSVILLE FL 34602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/06/1991**
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business	2a. Mailing Address
21 20711 U.S. Highway 98	26 20711 U.S. Highway 98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dade City, FL	City & State 28 Dade City, FL
Zip 24 33525 Country 25	Zip 29 33525 Country 30

4. FEI Number: **59-3094825** ☐ 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

7. 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
THOMAS, DAVID A. 11130 CROOM RITAL ROAD BROOKSVILLE FL 34602	81 Name: Laz L. Schneider, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 100 N. E. 3 Avenue, Suite 400 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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] Laz L. Schneider 4/14/95
Signature required for the actual name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DP	☒ Change ☐ Addition
NAME	THOMAS, DAVID A.	12 NAME	Thomas, David A.	
STREET ADDRESS	11130 CROOM RITAL RD	13 STREET ADDRESS	11130 Croom Rital Rd.	
CITY-ST-ZIP	BROOKSVILLE FL 34602	14 CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	DV	21 TITLE	DST	☒ Change ☐ Addition
NAME	HILL, CHRISTOPHER A.	22 NAME	Hill, Christopher A.	
STREET ADDRESS	116 TRALEE CT	23 STREET ADDRESS	116 Tralee Court	
CITY-ST-ZIP	LAKE MARY F	24 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MONTGOMERY, BILLY J	32 NAME		
STREET ADDRESS	RT 1 BOX 244	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	KABOT, GARY	
STREET ADDRESS		43 STREET ADDRESS	9200 NW 14 Court	
CITY-ST-ZIP		44 CITY-ST-ZIP	Plantation, FL 33322	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: [signature] 4/14/95 904 583-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARY KABOT, DIRECTOR

0360362 CP