

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S76806** (6)
1. Corporation Name
THERMALCRETE POOLS, INC.



Principal Place of Business Mailing Address
1626 CAPITAL CIR NE TALLAHASSEE FL 32308 **1626 CAPITAL CIR NE TALLAHASSEE FL 32308-5502**

3. Date Incorporated or Qualified **08/26/1991** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

4. FEI Number **59-3093882** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOTEN, PERRY A
5875 N MONROE ST
TALLAHASSEE FL 32303**

Address
change
only >

81. Name **Wooten, Perry A.**
82. Street Address (P.O. Box Number is Not Acceptable) **217 Bay Circle Dr.**
83. City **Santa Rosa Bch** **FL** 85. Zip Code **32459**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|-----------------------------------|--|
| TITLE | DV | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GROSS, GARY | | | 1.2 NAME | | | |
| STREET ADDRESS | 333 E 24TH ST. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RIVERA BCH. FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WOOTEN, PERRY A | | | 2.2 NAME | | | |
| STREET ADDRESS | 5875 N MONROE ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | STD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WOOTEN, CAROL L | | | 3.2 NAME | | | |
| STREET ADDRESS | 5875 N MONROE ST | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GROSS, SUZANNE | | | 4.2 NAME | | | |
| STREET ADDRESS | 333 E 24TH ST | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | RIVERA BCH FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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: **Carol Wooten** - **Carol Wooten** 2/7/97 (904) 878-3212

CR2E034 (9/96)