

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUN 26 AM 8:17

DOCUMENT # S96915 (1)

1. Corporation Name

ADVANCED THERMAL COATINGS, INC.

Principal Place of Business

668 BROOKHAVEN WAY
NICEVILLE FL 32578
US

Mailing Address

P. O. BOX 1116
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3112675

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. 190.002,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

POLSON, MARY KOCH
90 BEAL PARKWAY N.W.
SUITE B
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALBRIGHT, JOHN P.
STREET ADDRESS 668 BROOKHAVEN WAY
CITY - ST - ZIP NICEVILLE FL

TITLE D
NAME YOUNG, FRED
STREET ADDRESS 301 WEST FAUNCE RD.
CITY - ST - ZIP OAK RIDGE TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR
12 NAME ROBERT GILLIAM
13 STREET ADDRESS 9104 N. BURCHFIELD DR.
14 CITY - ST - ZIP OAK RIDGE, TN 37830

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 110.07(3)(b), 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:

John P. Albright JOHN P. ALBRIGHT

JUNE 20, 1995 904-897-39