FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
MOORE HAVEN THERMAL, INC.

DOCUMENT # V07732 (3)

Mailing Address	Principal Place of Business
4830 W. KENNEDY BLVD.	4830 W. KENNEDY BLVD.
~~SUITE 250~~	~~SUITE 250~~
TAMPA FL 33609	TAMPA FL 33609

If above addresses are incorrect in any way, line through incorrect information and enter corrected below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 04/15/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)

4. FEI Number: APPLIED FOR 59-3182662 — Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc (22): Suite 950
Suite, Apt. #, etc (27): Suite 950

5. Certificate of Status Desired $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State (23)
City & State (28)

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANCIS, ELIZABETH P.
2700 BARNETT PLAZA
101 E KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (OR) (Registered Agent Signature required for Reinstatement)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D	
12 NAME	RICHMAN, JERALD	
13 STREET ADDRESS	1530 N. DEARBORN PKWY	
14 CITY-ST-ZIP	CHICAGO IL	
21 TITLE	D	
22 NAME	SIMMS, WILLIAM, JR.	
23 STREET ADDRESS	140 CHIPPEWA	
24 CITY-ST-ZIP	TAMPA FL	
31 TITLE	D	
32 NAME	AARDEMA, JAMES	
33 STREET ADDRESS	1311 FALLSMEAD CT	
34 CITY-ST-ZIP	OLDSMAR FL	
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 true and accurate. I am aware that any false information submitted in a document to the Division of Corporations may subject me to penalties imposed by law for the filing of false documents. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: _____ 7/22/94 (813)884-4100
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER