

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12192 (3) 1. Corporation Name THERMACYCLE, INC.	RECEIVED TALLAHASSEE, FLORIDA
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Principal Place of Business 2107 CLEVELAND AVE FT. MYERS FL 33901 US	Mailing Address 2107 CLEVELAND AVE FT. MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0319836	☐ 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 § 199.022, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0319836	☐ Applied For ☒ Not Applicable
22. State, Apt. #, etc. 22	27. State, Apt. #, etc. 27	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23. City & State 23	28. City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. City 24	25. State 25	29. City 29	30. State 30

9. Name and Address of Current Registered Agent VINSON, CLIFFORD 14791 DRAWDY ROAD EAST FORT MYERS FL 33905	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
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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 607.0504, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP WILKINSON, MARTIN K. 220 S.E. 13TH AVE. CAPE CORAL FL 33990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DV VINSON, CLIFFORD 14791 DRAWDY RD E. FORT MYERS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS ROLLS, DAVID P.O. DRAWER 2505 FORT MYERS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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 119.024 (b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation, this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an amendment with an addition.

SIGNATURE: *David Rolls* *David Rolls* 1-24-95 815 531/697