

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:36

DOCUMENT # V36567 (8)

1. Corporation Name
THERMAL DYNAMICS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
C/O RHONDA MOORE **C/O RHONDA MOORE**
10879 METRO PARKWAY **10879 METRO PARKWAY**
FORT MYERS FL 33912 **FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/18/1992 **04/22/1994**

4. FEI Number Applied For / Not Applicable
65-0366889 Applied For / Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

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

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

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
MOORE, RHONDA
10879 METRO PARKWAY
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation certifies 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: _____
Name of Registered Agent (print name and title) _____

12. OFFICERS AND DIRECTORS

11a. NAME	PD PAGE, STEPHEN L.
11b. STREET ADDRESS	10879 METRO PARKWAY
11c. CITY, ST, ZIP	FORT MYERS FL
11d. NAME	VD COLLINS, DAVID
11e. STREET ADDRESS	10879 METRO PARKWAY
11f. CITY, ST, ZIP	FORT MYERS FL
11g. NAME	ST MOORE, RHONDA
11h. STREET ADDRESS	10879 METRO PARKWAY
11i. CITY, ST, ZIP	FORT MYERS FL
11j. NAME	
11k. STREET ADDRESS	
11l. CITY, ST, ZIP	
11m. NAME	
11n. STREET ADDRESS	
11o. CITY, ST, ZIP	
11p. NAME	
11q. STREET ADDRESS	
11r. CITY, ST, ZIP	

13. ADDITIONAL NAMES TO OFFER (has ANS) Same as Director in 12

12 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 STREET ADDRESS	
12 CITY, ST, ZIP	33912
23 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
23 STREET ADDRESS	
23 CITY, ST, ZIP	33912
33 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
33 STREET ADDRESS	
33 CITY, ST, ZIP	33912
43 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	
43 CITY, ST, ZIP	
53 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	
53 CITY, ST, ZIP	
63 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	
63 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made in the county that I am an officer or director of the corporation or the registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the annual report or supplemental report with an address.

SIGNATURE: Rhonda Moore Rhonda Moore Sec/Treas 1/10/95 (813) 275-4406