

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083761

Entity Name: FORD THERMAL GARMENTS INC.**Current Principal Place of Business:**5854 RENAULT DRIVE WEST
JACKSONVILLE, FL 32244**Current Mailing Address:**5854 RENAULT DRIVE WEST
JACKSONVILLE, FL 32244**FEI Number:** 80-0627122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORD, ANCIL L
5854 RENAULT DRIVE WEST
JACKSONVILLE, FL 32244 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	FORD, ANCIL L
Address	5854 RENAULT DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	PRESIDENT
Name	FORD, BURNETTE
Address	5854 RENAULT DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	CEO
Name	FORD, BURNETTE
Address	5854 RENAULT DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	DIRECTOR
Name	ARMSTRONG, CHRISTOPHER T
Address	5854 RENAULT DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	DIRECTOR
Name	ARMSTRONG, CLARENCE EDWARD II
Address	5854 RENAULT DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32244

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURNETTE FORD**PRESIDENT/CEO****04/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date