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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F68046** **(4)**

1. Corporate Name
AMERICAN INSULATORS, INC. OF JACKSONVILLE

Principal Place of Business	Mailing Address
% EDWIN PRESSER 4811 BEACH BLVD. JACKSONVILLE FL 32207	6935 DISTRIBUTION AVE S JACKSONVILLE FL 32256-2744 US

3. Date Incorporated or Qualified: 02/22/1982
3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-2194961 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. # etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
4811 BEACH BLVD.
SUITE 302
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Edwin Presser
82 Street Address (P.O. Box Number is Not Acceptable): 4417 Beach Boulevard
83 Suite 310
84 City: Jacksonville **FL** 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Edwin Presser (NOTE: Registered Agent signature required when reinstating) DATE: 3/10/97

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COHEN, STANLEY W	
STREET ADDRESS	3365 CHRYSLER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	☐ DELETE
NAME	~~MILLER, JOSEPH J.~~	
STREET ADDRESS	~~600 ANASTASIA CONDOS~~	
CITY-ST-ZIP	~~ST AUGUSTINE BCH FL~~	
TITLE	S	☐ DELETE
NAME	COHEN, NANCY M	
STREET ADDRESS	3365 CHRYSLER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	☐ DELETE
NAME	~~COHEN, JOSEPH~~	
STREET ADDRESS	~~3365 CHRYSLER DRIVE~~	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley Cohen 3-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document #

0040206