

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 10 1995

DOCUMENT # **F74692** (7)

1. Corporation Name  
**INSULTECH, INC.**

Principal Place of Business Mailing Address  
**P O BOX 3729 PLANT CITY FL 33564-0729**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number **59-2177397** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAMBROSE, SHERWOOD J.  
4800 REECE RD  
PLANT CITY FL 33567**

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, 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

Signature: Type or printed name of registered agent and title (if available)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
NAME **DEAMBROSE, SHERWOOD J.**  
STREET ADDRESS **2807 LAKEVIEW WAY**  
CITY ST ZIP **PLANT CITY FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE **V**  
NAME **DEAMBROSE, SAMANTHA J**  
STREET ADDRESS **15431 PLANTATION OAKS DR / STE - 12**  
CITY ST ZIP **TAMPA FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

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 110.07(3)(k), 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, checked, or on an attachment with an address.

SIGNATURE: **Samantha J. DeAmbrose**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/1/95**  
Date

**813-754-1152**  
Telephone No.