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

APPROVED AND FILED
95 APR 27 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H55712** **(4)**

1. Corporation Name

SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS O F CITRUS COUNTY, INC.

Principal Place of Business	Mailing Address
3790 N. HIGHWAY 441 P.O.BOX 1150 OCALA FL 32678	3790 N. HIGHWAY 441 P.O.BOX 1150 OCALA FL 32678

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 6044 N. TALLAHASSEE RD
Suite, Apt. #, etc. 22:
City & State 23: CRYSTAL RIVER, FL
Zip 24: 32629 Country 25: CITRUS

2a. Mailing Address
26: SAME AS ABOVE
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2520760 ☐ 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

COTTEN, PATSY J.
3790 N. HIGHWAY 441
OCALA FL 32675

10. Name and Address of New Registered Agent

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: Patsy J. Cotten PATSY J. COTTEN 4-21-95
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	1.1 TITLE	SEC'T.	☐ Change ☒ Addition
NAME	COTTEN, PATSY J.	1.2 NAME	DAVID B. GOOCH	
STREET ADDRESS	1607 SE 18TH AVENUE	1.3 STREET ADDRESS	247 N.E. 44TH AVE.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL. 32670	
TITLE	T	2.1 TITLE	V	☐ Change ☒ Addition
NAME	COTTEN, PATSY J.	2.2 NAME	STEPHEN N. GOOCH	
STREET ADDRESS	1607 S.E. 18TH AVENUE	2.3 STREET ADDRESS	29 ALMOND WAY	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 32671	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BUGBEE, DAVID	3.2 NAME		
STREET ADDRESS	6044 TALLAHASSEE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Patsy J. Cotton PATSY J. COTTEN 4-21-95 904-629-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0353428 CP