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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

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

Principal Place of Business	Mailing Address
6044 N TALLAHASSEE RD P.O.BOX 1150 CRYSTAL RIVER FL 32629 US	3790 N. HIGHWAY 441 P.O.BOX 1150 OCALA FL 34478-1150

3. Date Incorporated or Qualified: **05/06/1985**
3a. Date of Last Report: **05/01/1996**

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

2a. Mailing Address — 26
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOOCH, DAVID B		1.2 NAME	
STREET ADDRESS	247 NE 44TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOOCH, STEPHEN N		2.2 NAME	
STREET ADDRESS	29 ALMOND WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	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	PTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COTTEN, PATSY J		4.2 NAME	
STREET ADDRESS	1607 S.E. 18TH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: PATSY J. COTTEN, PRESIDENT *Patsy J. Cotten* 4-21-97 352-629-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #