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 18 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **373588** **(3)**

1. Corporation Name
GREAT BARRIER INSULATION CO.

Principal Place of Business	Mailing Address
1200 CORPORATE DRIVE, SUITE 325 P.O. BOX 360521 BIRMINGHAM AL 35238-7521 US	1200 CORPORATE DRIVE, SUITE 325 P.O. BOX 360521 BIRMINGHAM AL 35238-7521 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1970
3a. Date of Last Report: 04/06/1994

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) / County (30):

4. FEI Number: 59-1307434 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D	11 TITLE		☐ Change ☐ Addition
NAME	KILLION, C. H	12 NAME		
STREET ADDRESS	1200 CORPORATE PARKWAY, SUITE 325	13 STREET ADDRESS		
CITY ST ZIP	BIRMINGHAM AL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, R. E.	22 NAME		
STREET ADDRESS	1200 CORPORATE PARKWAY, SUITE 325	23 STREET ADDRESS		
CITY ST ZIP	BIRMINGHAM AL	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	AYCOCK, JEFF	32 NAME		
STREET ADDRESS	1200 CORPORATE PARKWAY, SUITE 325	33 STREET ADDRESS		
CITY ST ZIP	BIRMINGHAM AL	34 CITY ST ZIP		
TITLE	D	41 TITLE	VP D	☒ Change ☐ Addition
NAME	MALONE, C. D	42 NAME		
STREET ADDRESS	54 PELHAM INDUSTRIAL PARK	43 STREET ADDRESS		
CITY ST ZIP	GREER SC	44 CITY ST ZIP		
TITLE	D	51 TITLE	PLEASE DELETE NO LONGER DIRECTOR	☒ Change ☐ Addition
NAME	KILLION, W. W JR.	52 NAME		
STREET ADDRESS	4625 VALLEYDALE RD	53 STREET ADDRESS		
CITY ST ZIP	BIRMINGHAM AL	54 CITY ST ZIP		
TITLE	D	61 TITLE	PLEASE DELETE SAME PERSON AS #1	☒ Change ☐ Addition
NAME	KILLION, CH	62 NAME		
STREET ADDRESS	4625 VALLEYDALE ROAD	63 STREET ADDRESS		
CITY ST ZIP	BIRMINGHAM AL	64 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 X in front.

SIGNATURE: Chris Killion 4-10-95 205-991-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384370 CP