

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 408876 (1)

1. Corporation Name
VALLEY INSULATION, INC.



Principal Place of Business
P.O. BOX 1031
BRANDON FL 33509

Main Office Address
P.O. BOX 1031
BRANDON FL 33509

2. Principal Place of Business

2a. Main Office Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WALKER, GERALD L.
3005 WILTON LANE
VALRICO FL 33594

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.01(2)(a) Florida Statutes, the above named corporation hereby certifies that 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. The act is legal and the appointment as registered agent is legal, lawful, valid, and accepts the obligations of Section 607.01(2)(a), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

EST

12

SV
WALKER, G. IRENE
3006 WILTON LANE
VALRICO FL
P

DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

Change Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is complete, correct and does not comply with the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information is not false, and that I am an officer or director of the corporation or the person or persons proposed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if change or cancellation of this report is required.

SIGNATURE: *G. I. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 96 (813) 489-4102

CR2E034 (12/95)