FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

TEMP INSULATION CO.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							T ERBAN BIBLI IOBEB NABA IBEID BEIDE BAN MINI BEBA DINI NIBIN NEBE BANN INNI Tarahan bibli Iobeb naba Ibeid Beide Ban Mini Beba Dini Nibin Nebes Bann Inni				
2329 FOREST BLVD 2329 FOREST BLVD											
JACKSONVILLE FL 32216 JACKSONVILLE			E FL 32216				50.4167.4454				
						ļ.,	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						'	· ·				
2 Principal P	lace of Business	2a. Mailing Add	Irace				03/31/1975 4. FEI Number		1 14	pplied For	
21	lace of Business	<u> </u>	26				59-1588405			ot Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.							Additional	
22	.,	<u> </u>	27				5. Certificate of Status Desired		T	equired	
City & Stat	е		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution				
Zip	Country	Zip	Zip Cou		/		8. This corporation owes or has p		aid the current year Intangible		
24			30	30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of C	urrent Registered Agent			1		0. Name and Address of New R	egistered /	Agent		
	arion y. Tuten			81	Nam	ne					
23	29 FOREST BLVD.		82 Street Ac			et Address	dress (P.O. Box Number is Not Acceptable)				
JA	CKSONVILLE FL 32216				ļ						
				83							
				84	City				85 Zip	Code	
					'			<u> </u>			
11. Pursuant	to the provisions of Sections 60	7,0502 and 607,1508, Flor State of Florida, Such cha	ida Statutes, the	above ized by	e-name	ed corporat	tion submits this statement for the s board of directors. I hereby acco	purpose of	changing i	ts registered registered	
agent. I a	im familiar with, and accept the	obligations of, Section 607	7.0505, Florida S	Statute	s.	o.po.a.o	3 354.4 0. 441.4.0. 16.62, 4.6.6	spr and app		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE											
12.	Signature, typed or printed name of registe			3.	ent signati	ture required wh	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIDECTOR	50 IN 10	
TITLE	OFFICER V	S AND DIRECTORS		3. 1 TITLE			ADDITIONS/CHANGES TO OFF	CENS AND	Change	Addition	
NAME	TUTEN, JAMES W.	ш·		2 NAME							
STREET ADDRESS	2700 CONNIE CIRCLE				ADDRESS						
	ORANGE PARK, FL. 0					3					
CITY-ST-ZIP TITLE	S	i i r		4 CITY-S 1 TITLE	51-202				Change	Addition	
NAME	TUTEN, TOMMY C.			2 NAME					•··········		
STREET ADDRESS	2329 FOREST BLVD.				ADDRESS					ļ	
City-ST-ZIP	JACKSONVILLE.FL 0			4 CITY-		~]	
TITLE	PD			1 TITLE	31-LIF				Change	Addition	
NAME	TUTEN, MARION Y			2 NAME							
STREET ADDRESS	2329 FOREST BLVD		•		ADDRESS	s					
CITY-ST-ZIP	JACKSONVILLE, FL 000	00		4. CITY-:		-					
TITLE				1 TITLE	· · ·			,	Change	Addition	
NAME			4.	2 NAME		1					
STREET ADDRESS			- 1		ADDRESS	s				ļ	
CITY-ST-ZIP				4 CITY-S						[
TITLE				1 TITLE		 			Change	Addition	
NAME		_		2 NAME					-	Į	
STREET ADDRESS					ADDRESS	s				ļ	
CITY-ST-ZIP				4 CITY-S						ļ	
TITLE				1 TITLE					Change	Addition	
NAME				2 NAME					-	į	
STREET ADDRESS					ADDRESS	s					
				4 CITY - S		<u> </u>					
CITY-ST-ZIP			1 0.	+ 01111 - 0	11-41F					. Tarta de la Carta de la Cart	

I 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 informatic 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: