

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #

U-BACK INSULATION CONTRACTORS, INC.

477496

FILED
May 26 1998 8:00am
Secretary of State

Principal Place of Business

12690 N.W. SOUTH RIVER DRIVE
Medley, FL 33178

Mailing Address

12690 N.W. SOUTH RIVER DRIVE
Medley, Florida 33178

DO NOT WRITE IN THIS SPACE

8. Date Incorporated or Qualified

06/06/1975

4. FEI Number

59-1608389

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

UTTERBACK, TOM
12690 N.W. SOUTH RIVER DRIVE
Medley, FL 33178

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 agent to the person named below in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation and will accept the filing of this statement as required by Chapter 607, Florida Statutes.

SIGNATURE

Signature of the person named in Section 607.1508, Florida Statutes, and the registered agent.

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY - ST - ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY - ST - ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY - ST - ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY - ST - ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY - ST - ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY - ST - ZIP

28. TITLE

29. NAME

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

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14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information is true and correct, that no fraud or misstatement has been made, 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the report.

SIGNATURE